


Infertility and Bowen's Systematic Family Therapy Approach

İnfertilite ve Bowen Sistemik Aile Terapisi Yaklaşımı

 Pınar Çınar¹

¹Izmir University of Economics, İzmir

ABSTRACT

This study focuses on the psychological consequences of infertility, using Bowen's Systematic Family Therapy as a conceptual framework. Infertility is often characterized as a profound and intricate life challenge that profoundly affects an individual's emotional health. Research has underscored the psychological ramifications linked to this condition, including feelings of grief, heightened anxiety, depression, and diminished self-worth. Historically, early research linked infertility to psychological defenses against pregnancy, but advancements in medical technology have since refuted the psychogenic hypothesis, emphasizing biomedical factors. Nevertheless, the psychological ramifications remain substantial, necessitating a nuanced approach to therapy. Bowen's Systematic Family Therapy offers valuable insights through its eight key concepts, including differentiation of self, family projection process, and multigenerational transmission. These concepts help in understanding the intricate emotional dynamics and stress patterns within the family unit affected by infertility. Studies suggest that family therapy can mitigate emotional distress, improve marital satisfaction, and facilitate communication among family members. Despite the limited direct research on Bowen's Systematic Family Therapy and infertility, existing literature underscores the importance of integrated therapeutic approaches that consider emotional and relational contexts. Future research should focus on expanding the application of family therapy models in infertility treatment, developing comprehensive support mechanisms, and addressing the psychological needs of both individuals and their extended families. This holistic perspective is essential for fostering resilience and emotional well-being in families facing infertility.

Keywords: Infertility, Bowen's Systematic Family Therapy, psychotherapy

ÖZ

Bu çalışma, infertilitenin psikolojik sonuçlarına odaklanmakta olup, kavramsal bir çerçeve olarak Bowen'in Sistemik Aile Terapisi'ni kullanmaktadır. İnfertilite, duygusal refahı önemli ölçüde etkileyen travmatik ve karmaşık bir yaşam krizi olarak tanımlanmış olup, literatür, yas, kaygı, depresyon ve düşük özsaygı gibi ilişkili psikolojik sorunları vurgulamaktadır. Öncül araştırmalar infertiliteyi gebelikle ilgili psikolojik savunmalarla ilişkilendirmiştir, ancak tıbbi teknolojideki ilerlemeler sonrasında psikojenik hipotezden uzaklaşmış ve biyomedikal faktörler vurgulanmıştır. Bununla birlikte, psikolojik çıktılar önemini korumakta ve terapide incelikli bir yaklaşım gerektirmektedir. Bowen'in Sistemik Aile Terapisi, benliğin ayrışması, aile yansıtma süreci ve kuşaklar arası aktarım gibi sekiz temel kavramıyla değerli içgörüler sunmaktadır. Bu kavramlar, infertilite sorunuyla etkilenen aile birimindeki karmaşık duygusal dinamikleri ve stres desenlerini anlamada yardımcı olmaktadır. Çalışmalar, aile terapisinin duygusal sıkıntıları hafifletebileceğini, evlilik memnuniyetini artırabileceğini ve aile üyeleri arasındaki iletişimi kolaylaştırabileceğini öne sürmektedir. İnfertilite ve Bowen'un Sistemik Aile Terapisi üzerine sınırlı doğrudan araştırma olmasına rağmen, mevcut literatür, duygusal ve ilişkisel bağlamları dikkate alan bütünsel terapötik yaklaşımların önemini vurgulamaktadır. Gelecek araştırmalar, aile terapisi modellerinin infertilite tedavisinde uygulanmasının genişletilmesine, kapsamlı destek mekanizmalarının geliştirilmesine ve hem bireylerin hem de geniş ailelerinin psikolojik ihtiyaçlarının ele alınmasına odaklanmalıdır. Bu bütünsel bakış açısı, infertilite ile karşı karşıya olan ailelerde dayanıklılığı ve duygusal refahı teşvik etmek için önemlidir.

Anahtar sözcükler: İnfertilite, Bowen Sistemik Aile Terapisi, psikoterapi

Introduction

According to the World Health Organization (2023), infertility is a medical condition affecting either the male or female reproductive system, characterized by the inability to conceive a pregnancy despite engaging in regular unprotected sexual intercourse for 12 months or longer. A significant portion of the world's population is impacted by infertility, as around one out of every six individuals will encounter infertility (World Health Organization 2023). Infertility may have many causes, both male and female (Deyhoul et al. 2017). However,

Address for Correspondence: Pınar Çınar, İzmir University of Economics, İzmir, Türkiye

E-mail: pinarkurban@yahoo.com

Received: 01.06.2024 | **Accepted:** 22.11.2024

beyond its physical implications, infertility is also associated with profound psychological and emotional distress, which can significantly affect individuals and their families. The experience of infertility can trigger a range of psychological responses, including anxiety, depression, and feelings of inadequacy. These emotional challenges are often exacerbated by societal pressures and the deeply ingrained cultural significance of parenthood. The psychological burden of infertility not only affects the individuals directly involved but can also strain familial relationships, leading to increased tension, conflict, and even marital discord (Cousineau and Domar 2007).

In this context, Bowen's Systematic Family Therapy approach provides a valuable framework for understanding and addressing the complex family dynamics that can arise in the face of infertility. Developed by Murray Bowen, this approach emphasizes the interconnections between family members and the role of multigenerational patterns in shaping individual behavior and emotional responses (Bowen 1975). Bowen's Systematic Family Therapy asserts that individuals within a family unit are emotionally linked, and that alterations or stressors—such as the experience of infertility—can resonate throughout the family system. This interconnectedness may lead to disturbances in the family's equilibrium, resulting in the emergence of maladaptive behaviors and responses. This study focuses on the psychological consequences of infertility, regardless of its source, and explores these consequences through the lens of Bowen's Systematic Family Therapy concepts. This study aims to shed light on how Bowen's theoretical framework can inform therapeutic interventions for individuals and families grappling with infertility. Understanding these dynamics is crucial for developing effective therapeutic strategies that not only address the individual's emotional well-being but also promote healthier family relationships and coping mechanisms in the face of infertility.

Psychological Aspects of Infertility

Infertility has been expressed in many ways in the literature such as devastating experiences, reproductive trauma, complex life crisis, and painful psychological experiences, (Greil 1997, Jaffe 2017, Seymenler and Siyez 2018, Darolia and Ghosh 2021). According to Shapiro (1988), infertility is the death of one's genetic line with no funeral, no ritual, and no circumscribed or permitted mourning period. From the definitions provided, it is evident that infertility is a notion that has adverse consequences on an individual's well-being and is connected to emotions such as grief and trauma.

Benedek's (1952) paper was among the earliest works that explored the connection between psychology and infertility. Based on this research, the root of infertility in women is based on somatic defense against the stresses of pregnancy and motherhood. So, psychotherapists should work on the unconscious ideas about these concepts with a psychodynamic approach. After the 1980's, the psychogenic hypothesis was subsequently rejected primarily because of advancements in technology, which have facilitated a more accurate identification of the biomedical factors contributing to infertility in both women and men (Lafarge and Fox 2012). With the dissemination of medical knowledge on the diagnosis and treatment of infertility, there has been a growing awareness of the potential psychological effects that the diagnosis may have on individuals (Bekaroğlu 2018).

Psychology-related studies on infertility have generally been conducted on topics such as anxiety, anger, depression, stress, self-esteem, eating disorders, and sexual problems between couples. Findings in this area have consistently demonstrated a significant correlation between infertility and the psychological issues mentioned above (Fassino et al. 2002, Peterson et al. 2003, Ramezanzadeh et al. 2004, Yli-Kuha et al. 2010, Wischmann et al. 2014, Cousins et al. 2015, Starc et al. 2019, Zouari et al. 2021). Moreover, individuals who fail to have a child despite infertility interventions may have an increased likelihood of requiring hospitalization for psychiatric conditions (Yli-Kuha et al. 2010, Baldur-Felskov et al. 2013). When it comes to the psychosocial consequences of infertility are violence (psychological and domestic), marital instability, negative social stigma, social isolation, social exclusion and deprivation, and social alienation (Whiteford and Gonzalez 1995, Hasanpoor-Azghdy et al. 2015, Ergin et al. 2018, Ullah et al. 2021).

When examined from a cultural perspective, infertility is acknowledged as a worldwide challenge, with the understanding that the ability to have children holds significant importance in the fabric of any society (van Balen and Inhorn 2002). The importance of human reproduction has manifested itself in every culture throughout history. From the ancient Celts, Egyptians, and Persians who worshipped Juno in hopes of conceiving a child, to modern-day Japan where the Kanamara Matsuri festival celebrates fertility (Palha and Lourenço 2011). Nonetheless, by examining studies conducted in Western and non-Western regions, it is conceivable to expect more significant negative repercussions of childlessness among non-Western societies, particularly among women (van Balen 2009).

Infertility often carries significant cultural consequences, particularly in societies where parenthood is central to social identity. In many cultures, fertility is closely linked to a person's value and status, especially for women (Greil 1997). Childlessness can lead to social stigma and isolation, as communities may view women who cannot conceive as failing in their expected roles (Blyth and Moore 2001). This pressure can cause severe emotional distress, including feelings of shame and inadequacy (Galhardo et al. 2011). The psychological impact of infertility is thus shaped by cultural expectations, making it essential to address both the mental health and cultural context in infertility treatment (Hynie and Burns 2009). Effective psychological support must consider these cultural factors to reduce the emotional burden and promote well-being for those affected by infertility (Thorn 2009).

Looking at the other side of the coin, psychological problems are not only the result of infertility but also its cause (Simionescu et al. 2021). Psychological stress may serve as a contributing factor to infertility. As infertility issues persist, the associated stress tends to escalate, leading to a detrimental cycle that may impede the chances of achieving pregnancy (Möller and Fallström 1991). A comprehensive range of factors should be considered when conducting a psychological analysis of patients undergoing infertility treatment. This includes examining the impact of familial dynamics, the patient's responses to their diagnosis and proposed treatments, the role of religious beliefs in the treatment process, an assessment of relationships within the family of origin, an evaluation of sexual life, and the overall sense of a woman's self-esteem and self-acceptance (Podolska and Bidzan 2011).

In general, comprehensive works on the psychological consequences of infertility, considering gender differences, demonstrate mixed outcomes. Some authors argue that women are psychologically more negatively affected by infertility than men (e.g., higher depression, stress, anxiety; lower self-esteem, life-quality etc.) (Brand 1989, Wright et al. 1991, Teskereci 2010, El Kissi et al. 2013). On the contrary, some authors maintain that infertility affects men as much as it does women. They assert that the prevailing focus on women concerning infertility is primarily a result of gender role stereotypes ingrained in society (Nachtigall et al. 1992, Edelman and Connolly 2000, Onat and Beji 2012a, Joja et al. 2015). Nevertheless, it has come to attention that women tend to display a higher level of comfort when discussing their infertility concerns and are more inclined to engage in conversations about this topic with individuals outside their immediate family, in comparison to men (Brand 1989). There may be many reasons why men do not want to talk about their infertility. Firstly, while men may feel a degree of acceptance and openness about their condition, they frequently refrain from discussing it with family and friends out of fear of being ridiculed. Furthermore, men typically confide their feelings solely in their significant others or choose not to express them at all. Moreover, many men are not fully honest with themselves regarding their emotional state. Finally, many men are unaware of the existence of male-specific infertility support groups that could facilitate connections with others who share similar experiences (Bodin and Käll 2020).

Bowen's Systematic Family Therapy Approach, Its Concepts and Infertility

Psychosocial intervention in infertility is important in terms of improving the quality of life of individuals. However, it is seen that the studies conducted in this field to date have generally been addressed in the context of Cognitive Behavioral Therapy (Masoumi et al. 2019, Humeniuk et al. 2023). Since infertility is not a problem experienced by the individual alone, it is important to address the situation holistically, and family therapies seem to be more inclusive in this sense.

In Bowen's (1966) own words, "The term "family psychotherapy" was reserved for the process when two or more family members were seen together. The technical effort was to analyze the already existing emotional process between the family members and toward keeping myself emotionally disengaged." Bowen's theory is a descriptive natural systems theory that provides a valuable framework for understanding the emotional processes in the human species. This theoretical framework expands the observer's viewpoint to encompass not just individual actions and operations, but also the intricate dynamics of complete human relational systems. It underscores the ongoing and dynamic interactions of reciprocal influence and reaction among the members of the system, taking into account both internal and external factors. (Comella 2011).

The theory has eight concepts that explain the whole structure of the system.

1. **Triangles:** The triangle can be summarized as a situation in which a two-person relationship encounters stress and achieves a new balance by introducing a third person or object into the system. In triangles, the tension between two people is usually transferred to the third person, or a new alliance is formed with the third person against the other (Bowen and Papero 2003). There is a strong connection between anxiety and

the duration of infertility (Ramezanzadeh 2004). It is seen that due to the anxiety experienced by infertile couples, not only their relationships with each other but also their relationships with their close circle and friends are in danger. It is observed that infertile couples avoid spending time with their friends, especially those who are pregnant or have young children (Engler 2009). Bowen's therapy approach seems functional in resolving relationships that are disrupted and triangulated by the anxiety of losing fertility. For example, a couple dealing with infertility may turn to a close friend who is also struggling with similar issues. In doing so, they might excessively concentrate on the friend's experiences, using this as a distraction from their relationship challenges. Therapeutic intervention would aim to help the couple redirect their focus back to their relationship, thereby reducing their reliance on the friend for emotional coping (Figure 1).

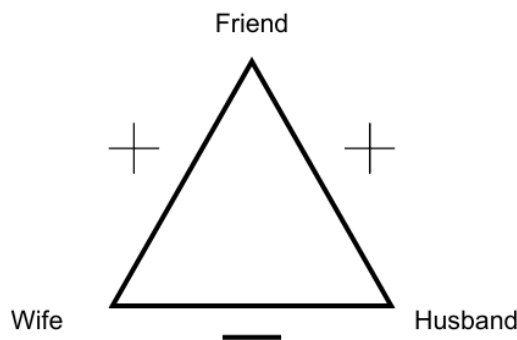


Figure 1. Triangling example

2. Differentiation of Self: Bowen (1986) stated the concept of Differentiation of the Self can be expressed in terms of "identity" and "individuality" as long as it is not taken in the sense of "different from." "A person with a high level of "differentiation of self," or "identity," or "individuality," can be emotionally close to others without emotional fusions or loss of self, or loss of identity because he has attained a higher level of differentiation of self." For a Bowenian therapist, differentiation is akin to the psychodynamic concept of ego strength but extends further to encompass interpersonal aspects. Differentiation is the way an individual behaves in response to their level of anxiety (Winek 2009). The most recent literature has uncovered a wealth of evidence supporting the role of Differentiation of Self as a predictor of psychological health and marital satisfaction. Additionally, these findings have highlighted the positive connections between Differentiation of Self, enhanced physical well-being, and positive intergenerational relationships (Calatrava et al. 2022). Based on this, it can be said that Differentiation of Self plays a crucial role in navigating the emotional complexities associated with infertility, impacting individuals' psychological well-being and interpersonal relationships. For instance, a couple may find themselves caught in a dilemma between their financial situation and their parents, who are advocating costly fertility treatments. They may grapple with the challenge of aligning their financial concerns with the expectations imposed by their family. Therapy would concentrate on guiding this couple to separate their needs and convictions from those of their parents. This approach would enable them to make decisions based on their values rather than being influenced by conflicting emotional demands.
3. Nuclear Family Emotional Process: The nuclear family emotional process encompasses four primary relationship patterns that determine the areas where problems arise within a family unit:
 - a. Marital Conflict: "The basic pattern in conflictual marriages is one in which neither gives in to the other or in which neither is capable of an adaptive role" (Bowen 1985). The struggle to conceive can be a profound source of stress, leading to increased emotional sensitivity between partners. Studies indicate that couples facing difficulties in conceiving frequently report higher levels of dissatisfaction within their marriage, alongside issues in communication and emotional disconnection (Greil et al. 2010). The strain of infertility may magnify existing marital disagreements or lead to the emergence of new conflicts, as partners deal with feelings of frustration, disappointment, and grief. As a result, unresolved conflicts within the marriage can hinder the couple's capacity to provide emotional support to one another, thereby worsening the psychological impact of infertility. As an example, a couple might find themselves at odds regarding the choice of alternative fertility treatments. One partner may be a strong proponent of adoption, whereas the other may be adamant about pursuing further medical interventions. Therapy would focus on uncovering the deeper fears and anxieties that inform each

partner's stance, facilitating a resolution of the conflict by encouraging them to express their emotional needs instead of remaining entrenched in superficial disagreements.

- b. **Dysfunction in a Spouse:** One spouse pressures the other to conform to certain behaviors, and the other complies to maintain harmony. However, if tension rises further, the compliant spouse may sacrifice self-control, leading to heightened anxiety and potentially resulting in psychiatric, medical, or social issues (The Bowen Center for the Study of the Family 2023). In the context of infertility, this pattern may manifest when one spouse internalizes the responsibility for the couple's inability to conceive, leading to feelings of inadequacy and failure. The societal and familial pressures surrounding parenthood can intensify this situation, leading to heightened stress and anxiety for the individual who perceives themselves as "failing" their partner (Cousineau and Domar 2007). As this pressure accumulates, it can lead to mental health challenges such as depression or anxiety disorders, further hindering the couple's ability to cope with the complexities of infertility. As a case in point, one spouse might internalize the infertility issue, assuming full blame, which leads them to engage in self-destructive behaviors like excessive drinking. The therapist could help this individual recognize the impact of these behaviors and work on restoring self-control, addressing both their feelings of guilt and unhealthy coping mechanisms.
- c. **Impairment of Children:** "This is the pattern in which parents operate as a we-ness to project the undifferentiation to one or more children. This mechanism is so important in the total human problem it has been described as a separate concept, the family projection process" (Bowen 1985). Although the focus of this study is on couples experiencing infertility, the projection process can still be relevant. In cases where couples have other children or eventually conceive, the unresolved emotional tension and anxiety stemming from infertility can lead to overprotection, excessive control, or emotional over-involvement with the child. Consequently, the child's social, academic, and health aspects may suffer because of this impairment (The Bowen Center for the Study of the Family 2023). Additionally, the stress of infertility may lead to parents placing undue emotional burdens on their children, expecting them to fulfill unmet emotional needs that arose during the period of infertility. As an application example, if the couple eventually becomes parents, they may unintentionally project their concerns about infertility onto their child, leading to an excessive focus on the child's achievements and a deep-seated fear of failure. Therapeutic support could concentrate on helping the parents recognize this behavior and teaching them to step back, thus permitting their child to grow autonomously without the influence of their unresolved emotional challenges.
- d. **Emotional Distance:** This trend is consistently linked with the other patterns. Individuals create distance between themselves to diminish the intensity of their relationships, however, this behavior poses the risk of excessive isolation (The Bowen Center for the Study of the Family 2023). Within the framework of infertility, emotional separation can pose a considerable challenge, particularly when couples choose to distance themselves from one another as a strategy to cope with their grief and disappointment. Research indicates that infertility often engenders feelings of loneliness and isolation, affecting not only the marital bond but also social interactions, as couples may shy away from conversations regarding their challenges or distance themselves from social gatherings where discussions of children and pregnancy are prevalent (Fisher and Hammarberg 2012). This emotional separation can place additional strain on the marital relationship, complicating the couple's ability to provide mutual support and amplifying the psychological distress that often accompanies infertility. To give an example, in the context of infertility, a couple may cease to express their thoughts and emotions, leading to a reluctance to engage in meaningful discussions about their future or emotional states. Therapy can play a crucial role in guiding them to slowly diminish this emotional divide, promoting candid conversations about their fears, disappointments, and aspirations, which can help avert long-term emotional detachment.

These patterns escalate during periods of heightened and prolonged family tension, influenced by how the family copes with stress and its connections with extended family and social networks (The Bowen Center for the Study of the Family 2023).

4. **Family Projection Process:** "The family projection process explains the fundamental mechanism through which parents transfer their emotional difficulties onto their children. This process of projection can affect the children's functioning and additionally increase their sensitivity to developing clinical symptoms" (Bowen 1985). In the realm of infertility, parents who have suffered from the psychological impact of infertility may channel their unresolved anxieties onto their children. This phenomenon can be reflected in

behaviors such as overprotectiveness, unrealistic expectations, or an amplified concern for the child's health and achievements. Research has demonstrated that parents who have experienced infertility treatments are more likely to display increased anxiety and protective behaviors towards their children (Frances-Fischer and Lightsey 2003). For example, a couple who has adopted a child as a result of infertility may inadvertently transfer their unresolved insecurities related to infertility onto their adopted child. This can manifest as an excessive emphasis on the child's behavior and accomplishments, serving to compensate for their inability to conceive biologically. Therapy could help the couple recognize how these behaviors are rooted in their past struggles with infertility, while also guiding them to adjust their expectations to support the child's natural development.th

5. **Multigenerational Transmission Process:** The multigenerational transmission process is a fundamental concept that explains the transfer of differentiation levels from one generation to another. This process takes place when family dynamics are consciously transmitted from parents to children through teaching and learning, as well as unconsciously through the family projection process (Ceja and Gasbarrini 2019). When looking at the issue from the perspective of infertility, the multigenerational transmission process might involve the passing down of anxieties or expectations related to fertility from parents to their children. To explain with an example, a family with a longstanding tradition of valuing large families may inadvertently transmit the anxiety associated with infertility to their offspring. A woman whose mother often emphasizes the significance of having numerous children may experience considerable pressure when confronted with challenges related to conception. Engaging in therapy could assist her in exploring the generational expectations that contribute to her stress, enabling her to reshape her values and beliefs regarding family size in a more constructive and individualized manner.
6. **Emotional Cutoff:** The term refers to the ongoing process of detachment between adolescents or young adults and their parents, as well as the intergenerational separation within the emotional realm. It sheds light on how individuals navigate their unresolved emotional connections to their parents, influencing the patterns and choices they make throughout their lives (Titelman 2003). Emotional cutoff is often observed in couples dealing with infertility, where the stress and disappointment associated with infertility lead to emotional distancing, not only between the couple but also between the couple and their extended families. Research indicates that individuals who struggle with infertility may distance themselves from family members or friends to avoid painful conversations or reminders of their childlessness (Onat and Beji 2012b). If an example is given, couples facing infertility may opt to distance themselves from family gatherings, as such occasions often lead to conversations about children or grandchildren that can be emotionally difficult. Therapeutic support can aid the couple in handling these sensitive interactions, allowing them to preserve vital family relationships while setting appropriate boundaries.
7. **Sibling Position:** The focus of this concept is to analyze the interactive patterns that exist between marital partners and how these patterns are influenced by the sibling position of each partner within their own family of origin (Popovic 2018). Sibling position affects the sharing of feelings, closeness and self-expression of people within marriage (Beal 2008). From this point of view, sibling position is a crucial factor in handling the difficult emotions that arise with infertility. In addition to all these, the birth order of the woman they marry also plays a key role for men. As a result, women who are born earlier generally have higher fertility rates than their later-born counterparts. In comparison, the fertility of men appears to be unaffected by their birth order (Morosow and Kolk 2020). As an application example, a first-born husband, who has traditionally taken on the role of the responsible individual in his family, may feel intense pressure to address the infertility issue, viewing it as his obligation to find a solution or take command of the situation. On the other hand, his wife, as a younger sibling, may feel daunted by his need for control. Therapy could provide a valuable opportunity for the couple to reflect on how their sibling roles influence their responses to the infertility crisis, encouraging a more balanced sharing of their emotional responsibilities.
8. **Societal Emotional Process:** Bowen (1986) argued that the emotional dynamics witnessed within the human nuclear family are not exclusive to it, but rather extend to all other types of human organizations. He also called the term "Societal Regression". In infertility, societal emotional processes appear in how communities handle the stress of childlessness. This often leads to reinforcing negative attitudes and stigma.. Research has demonstrated that individuals experiencing infertility often face societal and cultural expectations regarding reproduction, which can result in psychological distress, social isolation, and increased anxiety (Greil et al. 2010). These collective emotional reactions can amplify societal pressure. This reflects Bowen's concept of societal regression, where societal stress mirrors emotional dysfunction in family systems.(McQuillan et al. 2003). The resulting societal anxiety often places additional burdens on those

experiencing infertility, exacerbating feelings of inadequacy and isolation (Cousineau and Domar 2007). As a case in point, in a community where childbearing is viewed as a fundamental achievement, a couple facing infertility might feel ostracized or judged. This societal pressure can increase their stress and anxiety. Therapy might focus on helping the couple navigate these cultural pressures by fostering resilience and promoting alternative sources of fulfillment and identity outside of parenthood, reducing the impact of societal expectations on their mental health.

Concept	Definition	Example
Triangles	Introducing a third person/object to reduce stress in a two-person relationship.	A couple involves a friend to avoid dealing with their own infertility-related tension.
Differentiation of Self	Ability to maintain individuality without losing emotional closeness to others.	A couple balances their own desires against their parents' pressures to undergo fertility treatments.
Nuclear Family Emotional Process	Patterns that define relationship issues in a family.	<i>Marital Conflict:</i> A couple argues over fertility treatment choices.
		<i>Dysfunction in a Spouse:</i> One partner develops depression after blaming themselves for infertility.
		<i>Impairment of Children:</i> Parents become overprotective of their child after infertility struggles.
		<i>Emotional Distance:</i> A couple stops discussing their infertility and becomes emotionally distant.
Family Projection Process	Parents project their unresolved emotional issues onto their children.	Parents impose high expectations on their child due to past infertility-related anxieties.
Multigenerational Transmission Process	Emotional patterns passed from one generation to another.	A woman feels pressure to have children due to her family's history of large families.
Emotional Cutoff	Detaching emotionally from family to reduce anxiety.	A couple avoids family gatherings to escape painful conversations about having children.
Sibling Position	Birth order influences personality and relationships.	A first-born partner feels responsible for solving the infertility issue in the marriage.
Societal Emotional Process	Emotional functioning in families mirrors societal patterns.	A couple feels isolated due to societal pressure to have children in their community.

The fundamental purpose of incorporating Bowen family systems theory in therapy is to aid individuals and families in comprehending and embracing their roles in emotional functioning, both on an individual level and within the family unit. This theory proves to be advantageous when addressing various conflicts such as marital issues, anxiety, anger, depression, and sexual abuse. By gaining insight into emotional relationship patterns and understanding the origins and management of anxiety within the family context, individuals within the family can utilize this knowledge to develop new and constructive behaviors (Crossno 2011).

In conclusion, Bowen's Systematic Family Therapy approach provides a comprehensive framework for understanding the emotional dynamics within families, especially in the context of infertility. The key concepts, such as triangles, differentiation of self, and the nuclear family emotional process, illustrate how infertility not only affects individual psychological health but also disrupts interpersonal relationships, leading to further anxiety and distress. These theoretical insights underscore the importance of addressing the emotional complexities within families facing infertility. This sets the stage for exploring how existing literature on infertility and family therapy reflects these ideas, highlighting both the direct applications of Bowen's concepts and the need for further research in this area.

Previous Studies on the Subject

While the theoretical foundation of Bowen's family therapy offers valuable insights into the emotional and relational challenges posed by infertility, the current body of literature on the intersection of these two areas

remains limited. The available research, though often indirect, provides important perspectives on how family therapy models, including Bowen's approach, can be utilized to support couples and families dealing with infertility. In this section, the key studies that explore these relationships will be reviewed, with an emphasis placed on the need for more focused research to deepen understanding and improve therapeutic interventions for infertile couples. Regrettably, the existing body of literature on infertility and Bowen's Systematic Family Therapy is rather limited. Although few direct studies are available, the literature primarily consists of indirect sources that examine the application of various family therapy models within the context of infertility. This section provides an overview of both types of studies, but it becomes evident that further research is imperative to enhance our understanding in this area.

To emphasize the importance of psychological support, a study investigating the counseling needs of infertile couples in Iran using qualitative content analysis provides valuable insights. The analysis identified two main themes: the need for psychological counseling, including emotional support, sexual counseling, marital counseling, and family counseling, and the need for guidance and information throughout the treatment process, such as treatment counseling, financial counseling, and legal counseling. These findings highlight the broad range of psychosocial support and counseling services required by infertile couples during their treatment journey. (Jafarzadeh-Kenarsari et al. 2015). Diamond (2019) discussed the application of family therapy by an infertile couple and the treatment process in her work. It illustrates the emotional instability, differences in grieving processes between partners, and the role of therapy in facilitating communication and relational support to enhance resilience and marital satisfaction.

Returning to Bowen's approach to family therapy, one of the papers showcases the integration of Bowen family therapy systems as a foundational theory, incorporating various concepts and interventions from psychodynamic, cognitive-behavioral, communication, and other systemic approaches. This approach helps couples process grief, improve communication, and enhance relational support, ultimately fostering resilience and marital satisfaction in the face of infertility challenges. (Pitta 2019).

In her study, Harrison (2003) focused on the correlation between reproduction and cut-off relationships. She argues that family conflicts and cut-offs lead to increased stress and delayed ovulation, ultimately impacting fertility. Her research demonstrates that as the frequency of cut-offs increases, the number of children born into the family decreases. Whether it is a deliberate decision or indicative of infertility issues, the outcome remains the same - cut-offs hinder reproduction.

Mikesell and Stohner (1995) theoretically discussed the psychological effects of infertility through Bowen's concepts. In this study, concepts such as genograms, triangles, and nuclear family emotional processes were predicted through the psychological and behavioral outcomes of infertility. According to the study, the most important aspect of therapy for infertile couples is the restructuring of their expectations regarding having children. Burns and Covington (2016) argue that infertility poses an intergenerational family crisis, like not being able to become grandparents or share parenthood experiences with siblings and suggests that family therapy can be an important solution to this issue.

When other family therapy approaches are considered, Samman et al. (2022) researched Medical Family Therapy (MedFT) delves into the examination of the impact of illness on family systems. However, there is a call for further investigation into its effectiveness in addressing specific issues such as infertility, racialized pregnancy, and pregnancy loss. The article emphasizes the unique obstacles encountered by interracial couples and men, particularly cisgender male partners, who have often been neglected in previous studies. The argument is made that MedFTs, utilizing a holistic biopsychosocial-spiritual (BPSS) approach, are well-equipped to provide support to these couples.

In another study, researchers investigated how infertility physicians refer patients to mental health professionals, particularly MedFTs, and explored these physicians' views on the benefits and drawbacks of collaborating with MedFTs for both themselves and their patients. The primary aim of the study was to facilitate the development of stronger referral connections between MedFTs and infertility physicians, thereby enhancing the quality of services rendered to patients grappling with infertility. The findings indicated that a majority of the participants were not acquainted with the field of medical family therapy; nevertheless, they acknowledged the benefits of collaborating with MedFTs for both themselves as physicians and for their patients (Keyhan 2018). In another article, a three-session intervention program with Emotionally Focused Family Therapy was designed and it was aimed to benefit not only the couple but also other members of the extended family. It has been stated that individuals who are not willing to undergo therapy can benefit from coaching (Brigance and Cottone 2023).

The impact of a Family-Centered Empowerment Model on the irrational thoughts of Iranian infertile women was evaluated in a randomized clinical trial. The results revealed a significant decrease in irrational thoughts among the intervention group, while the control group's scores remained relatively stable. These findings suggest that the Family-Centered Empowerment Model effectively reduced irrational thoughts concerning childbearing in infertile women after three months (Modarres et al. 2022).

In summary, the existing literature highlights both the strengths and gaps in the application of family therapy models, including Bowen's Systematic Family Therapy, to the challenges of infertility. While studies show promising results in utilizing family therapy approaches to address the psychological and relational complexities of infertility, there is a clear need for more comprehensive research directly linking Bowen's concepts to infertility treatment. By continuing to explore and expand on these theoretical frameworks, future research can contribute to more effective, nuanced therapeutic interventions, ultimately improving the well-being and resilience of individuals and families facing infertility.

Conclusion

This compilation study was necessary to address a significant gap in the existing literature: the lack of research directly linking Bowen's Systematic Family Therapy with the psychological consequences of infertility. While there is substantial research on the medical and biological aspects of infertility, the emotional and relational dimensions have not been adequately explored. Most notably, few studies have applied a systemic family therapy framework to infertility, leaving a critical need for more holistic and psychologically focused therapeutic models.

The deficiency this study seeks to address lies in the absence of a comprehensive framework that examines how infertility disrupts not only individual psychological health but also family systems as a whole. Although prior research has explored the emotional toll of infertility, the specific ways in which family dynamics, multigenerational patterns, and relational stressors influence psychological outcomes have been underexplored. The study's originality lies in its application of Bowen's eight key concepts to infertility, providing a fresh perspective on how these theoretical constructs can help in understanding and addressing the emotional challenges experienced by families. By synthesizing existing research through a Bowenian lens, this study highlights the potential for family therapy to serve as a critical intervention in the psychological care of individuals and families dealing with infertility, thereby paving the way for more integrative and relational therapeutic approaches.

The investigation into the psychological aspects of infertility had a modest beginning in the 1930s, primarily focusing on somatization studies. Afterward, in the 1970s, the focus shifted toward understanding the psychosocial aspects of infertility. However, it was not until the 1990s that a comprehensive therapeutic examination of infertility was started (Boivin and Gamero 2015). While there are many studies on individual therapy, the same cannot be said for family therapy, as there is a significant lack of research in this area. The number of studies conducted on a specific family therapy is extremely limited, with only a handful of studies available. Infertility has been seen as an important problem in every period and society and has affected not only the infertile individual but also his entire family. For this reason, psychological support is essential for people who are dealing with infertility to develop coping mechanisms, to enable them to mourn the death of the biological children they will never have, and to discuss ways and methods related to adoption if they have a request. In addition to all these, the extended family needs to take part in therapy so that they can understand how they can support the couple and increase their empathy capacity on this issue. Therapy will provide a supporting role in helping the entire family manage the societal expectation that a family is incomplete without children.

Further research on family therapy about infertility will provide valuable guidance for healthcare professionals in assisting these families. The size of the gap in resources related to this issue also has a detrimental impact on the quality of support available to families' facing problems. While individual case studies hold significance, it is understood that there is a need for studies on the applicability and extensibility of family therapy. Furthermore, these publications can serve as a foundation for developing diverse tools such as informational brochures, support groups, and podcasts, empowering families to address their own queries and find resolutions.

References

Beal AEM (2008) Intimacy, affective communication patterns and sibling position in marital dyads: Based on a systems approach to sibling position (Doctoral dissertation) Utah, Brigham Young University.

- Bekaroğlu E (2018) İnfertilite tedavisinin psikolojik etkileri ve tedavi sürecindeki psikolojik müdahaleler. *Klinik Psikoloji Dergisi*, 2:153-159.
- Benedek T (1952) Infertility as a psychosomatic defense. *Fertil Steril*, 3:527-541.
- Blyth E, Moore R (2001) Involuntary childlessness and stigma. In *Stigma and Social Exclusion in Healthcare* (Eds C Carlisle, T Mason, C Watkins, E Whitehead):235-243. London, Routledge.
- Bodin M, Käll L (2020) Is it an issue before it's a problem? Investigating men's talk about fertility. *Sociol Health Illn*, 42:1611-1625.
- Boivin J, Gameiro S (2015) Evolution of psychology and counseling in infertility. *Fertil Steril*, 104: 251-259.
- Bowen M (1966) The use of family theory in clinical practice. *Compr Psychiatry*, 7: 345-374.
- Bowen M (1985) *Family Therapy in Clinical Practice*. Oxford, Jason Aronson.
- Bowen M, Papero DV (2023) Triangles and the scale of differentiation of self: Notes for a 1970 videotape lecture series on family systems theory produced at the medical college of Virginia. *Family Systems*, 18:43-65.
- Brand HJ (1989) The influence of sex differences on the acceptance of infertility. *J Reprod Infant Psychol*, 7:129-131.
- Brigance CA, Cottone RR (2023) Addressing infertility through family therapy: An emotionally-focused family therapy approach. *Contemp Fam Ther*, 45:437-449.
- Baldur-Felskov B, Kjaer SK, Albieri V, Steding-Jessen M, Kjaer T, Johansen C et al. (2013) Psychiatric disorders in women with fertility problems: results from a large Danish register-based cohort study. *Hum Reprod*, 28:683-690.
- Burns LH, Covington SN (2006) Psychology of infertility. In *Infertility Counseling: A Comprehensive Handbook for Clinicians*, 2nd ed. (Eds SN Covington, LH Burns):1-19. New York, Cambridge University Press.
- Calatrava M, Martins MV, Schweer-Collins M, Duch-Ceballos C, Rodríguez-González M (2022) Differentiation of self: A scoping review of Bowen Family Systems Theory's core construct. *Clin Psychol Rev*, 91:1-13.
- Ceja A, Gasbarrini MF (2019) Multigenerational transmission process in Bowen Therapy. In *Encyclopedia of Couple and Family Therapy* (Eds J Lebow, A Chambers, D Breunlin):1-4. Cham, Springer.
- Comella PA (2011) Observing emotional functioning in human relationship systems: Lessons from Murray Bowen's writings. In *Bringing Systems Thinking to Life: Expanding the Horizons for Bowen Family Systems Theory* (Eds OC Bregman, CM White):3-30. New York, Routledge.
- Cousineau TM, Domar AD (2007) Psychological impact of infertility. *Best Pract Res Clin Obstet Gynaecol*, 21:293-308.
- Cousins A, Freizinger M, Duffy ME, Gregas M, Wolfe, BE (2015) Self-report of eating disorder symptoms among women with and without infertility. *J Obstet Gynecol Neonatal Nurs*, 44:380-388.
- Crossno MA (2011) Bowen family systems theory. In *Marriage and Family Therapy* (Eds L Metcalf):39-64. New York, Springer.
- Darolia S, Ghosh D (2022) Importance of personality factors in determining the psychological consequences of infertility: A systematic review. *Health Educ Behav*, 49:708-723.
- Deyhoul N, Mohamaddoost T, Hosseini M (2017) Infertility-related risk factors: A systematic review. *International Journal of Women's Health and Reproduction Sciences*, 5:24-29.
- Diamond RM (2019) Infertility and pregnancy loss in couple and family therapy. In *Encyclopedia of Couple and Family Therapy* (Eds JL Lebow, AL Chambers, DC Breunlin):1475-1479. Cham, Springer.
- Edelmann RJ, Connolly KJ (2000) Gender differences in response to infertility and infertility investigations: Real or illusory. *Br J Health Psychol*, 5:365-375.
- El Kissi Y, Romdhane AB, Hidar S, Bannour S, Idrissi KA, Khairi H et al. (2013) General psychopathology, anxiety, depression and self-esteem in couples undergoing infertility treatment: A comparative study between men and women. *Eur J Obstet Gynecol Reprod Biol*, 167:185-189.
- Engler N (2009) The psychological impact of infertility and its treatment. *Harv Ment Health Lett*, 25:1-3.
- Ergin RN, Polat A, Kars B, Öztekin D, Sofuoğlu K, Çalışkan E (2018) Social stigma and familial attitudes related to infertility. *Turk J Obstet Gynecol*, 15:46-49.
- Fassino S, Piero A, Boggio S, Piccioni V, Garzaro L (2002) Anxiety, depression and anger suppression in infertile couples: A controlled study. *Hum Reprod*, 17:2986-2994.
- Fisher JR, Hammarberg K (2012) Psychological and social aspects of infertility in men: an overview of the evidence and implications for psychologically informed clinical care and future research. *Asian J Androl*, 14:121-129.
- Frances-Fischer JE, Lightsey OR (2003) Parenthood after primary infertility. *Fam J*, 11:117-128.
- Galhardo A, Pinto-Gouveia J, Cunha M, Matos M (2011) The impact of shame and self-judgment on psychopathology in infertile patients. *Hum Reprod*, 26:2408-2414.
- Greil AL (1997) Infertility and psychological distress: A critical review of the literature. *Soc Sci Med*, 45:1679-1704.
- Greil AL, Slauson-Blevins K, McQuillan J (2010) The experience of infertility: A review of recent literature. *Sociol Health Illn*, 32:140-162.
- Harrison V (2003) Reproduction and emotional cutoff. In *Emotional Cutoff: Bowen Family Systems Theory Perspectives* (Eds P Titelman):245-272. New York, Routledge.

- Hasanpoor-Azghdy SB, Simbar M, Vedadhir A (2015) The social consequences of infertility among Iranian women: A qualitative study. *Int J Fertil Steril*, 8:409-420.
- Humeniuk E, Pucek W, Wdowiak A, Filip M, Bojar I, Wdowiak A (2023) Supporting the treatment of infertility using psychological methods. *Ann Agric Environ Med*, 30:581-586.
- Hynie M, Burns LH (2006) Cross-cultural issues in infertility counseling. In *Infertility Counseling: A Comprehensive Handbook for Clinicians*, 2nd ed. (Eds SN Covington, LH Burns):1-19. New York, Cambridge University Press.
- Jafarzadeh-Kenarsari F, Ghahiri A, Zargham-Boroujeni A, Hbib M (2015) Exploration of the counseling needs of infertile couples: A qualitative study. *Iran J Nurs Midwifery Res*, 20:552-559.
- Jaffe J (2017) Reproductive trauma: Psychotherapy for pregnancy loss and infertility clients from a reproductive story perspective. *Psychotherapy*, 54:380-385.
- Joja OD, Dinu D, Paun D (2015) Psychological aspects of male infertility: An overview. *Procedia Soc Behav Sci*, 187:359-363.
- Keyhan M (2018) Medical family therapy and infertility: Referral practices of infertility physicians and their views of the biopsychosocial impact of infertility treatments on patients (Unpublished master dissertation) Texas, Texas Woman's University.
- Lafarge C, Fox P (2012) The role of beliefs about infertility on psychological adjustment: A systematic review. *VISTAS: Education, Economy and Community*, 2:7-17.
- Masoumi SZ, Parsa P, Kalhori F, Mohagheghi H, Mohammadi Y (2019) What psychiatric interventions are used for anxiety disorders in infertile couples? A systematic review study. *Iran J Psychiatry*, 14:160-170.
- McQuillan J, Greil AL, White L, Jacob MC (2003) Frustrated fertility: Infertility and psychological distress among women. *J Marriage Fam*, 65:1007-1018.
- Mikesell SG, Stohner M (1995) Infertility and pregnancy loss: The role of the family consultant. In *Integrating Family Therapy: Handbook of Family Psychology and Systems Theory*, (Eds RH Mikesell, D Lusterman, SH McDaniel):421-436. Washington, American Psychological Association.
- Modarres M, Abunasri M, Alhani F, Ebrahimi E (2022) The effectiveness of implementing family-centered empowerment model on irrational thoughts of Iranian infertile women: A randomized clinical trial. *J Caring Sci*, 11: 224-231.
- Morosow K, Kolk M (2020) How does birth order and number of siblings affect fertility? A within-family comparison using Swedish register data. *Eur J Popul*, 36:197-233.
- Möller A, Fallström K (1991) Psychological factors in the etiology of infertility: A longitudinal study. *J Psychosom Obstet Gynaecol*, 12:13-26.
- Nachtigall RD, Becker G, Wozny M (1992) The effects of gender-specific diagnosis on men's and women's response to infertility. *Fertil Steril*, 57:113-121.
- Onat G, Beji NK (2012a) Effects of infertility on gender differences in marital relationship and quality of life: a case-control study of Turkish couples. *Eur J Obstet Gynecol Reprod Biol*, 165:243-248.
- Onat G, Beji NK (2012b) Marital relationship and quality of life among couples with infertility. *Sex Disabil*, 30:39-52.
- Palha AP, Lourenço MF (2011) Psychological and cross-cultural aspects of infertility and human sexuality. In *Sexual Dysfunction: Beyond the Brain-Body Connection* (Eds R Balon):164-183. Basel, Karger.
- Peterson BD, Newton CR, Rosen KH (2003) Examining congruence between partners' perceived infertility-related stress and its relationship to marital adjustment and depression in infertile couples. *Fam Process*, 42:59-70.
- Pitta P (2019) Complicated loss, grieving, and infertility: Assimilative family therapy. In *Integrative Couple and Family Therapies: Treatment Models for Complex Clinical Issues* (Eds PJ Pitta, CC Datchi):25-46. Washington, American Psychological Association.
- Podolska M, Bidzan M (2011) Infertility as a psychological problem. *Ginekol Pol*. 82:44-49.
- Popovic M (2018) Bowen family systems theory. In *Marriage and Family Therapy*, 2nd ed. (Eds L Metcalf):43-70. New York, Springer.
- Ramezanzadeh F, Aghssa MM, Abedinia N, Zayeri F, Khanafshar N, Shariat M et al. (2004) A survey of relationship between anxiety, depression and duration of infertility. *BMC Womens Health*, 4:9.
- Samman SK, Frick HA, Dansby Olufowote RA (2022) Medical family therapy with diverse populations part I: Interracial couples navigating infertility, racialized pregnancy, and pregnancy loss. *International Journal of Systemic Therapy*, 33:227-249.
- Seymenler S, Siyez DM (2018) Infertilite psikolojik danışmanlığı. *Psikiyatride Güncel Yaklaşımlar*, 10:186-197.
- Shapiro SA (1988) Psychological consequences of infertility. In *Critical Psychophysical Passages in the Life of a Woman* (Eds J Offerman-Zuckerberg):269-289. New York, Springer.
- Simionescu G, Doroftei B, Maftei R, Obreja B, Anton E, Grab D et al.(2021) The complex relationship between infertility and psychological distress. *Exp Ther Med*, 21:306.
- Starc A, Trampuš M, Pavan Jukić D, Rotim C, Jukić T, Polona Mivšek A (2019) Infertility and sexual dysfunctions: A systematic literature review. *Acta Clin Croat*, 58:508-515.
- Teskereci G (2010) İnfertilite tedavisi gören çiftlerde yaşam tarzının, yaşam kalitesine etkisi (Yüksek lisans tezi) Antalya, Akdeniz Üniversitesi.
- The Bowen Center for the Study of the Family (2023) Nuclear family emotional process. <https://www.thebowncenter.org/nuclear-family-emotional-process> (Accessed 29.11.2023)

- Thorn P (2009) Understanding infertility: Psychological and social considerations from a counselling perspective. *Int J Fertil Steril*, 3:48-51.
- Titelman P (2003) Emotional cutoff in Bowen family systems theory: An overview. In *Emotional Cutoff: Bowen Family Systems Theory Perspectives* (Eds P Titelman):9-66. New York, Routledge.
- Ullah A, Ashraf H, Tariq M, Aziz SZ, Zubair S, Sikandar KUR, Ali N, Shakoor A, Nisar M (2021) Battling the invisible infertility agony: A case study of infertile women in Khyber Pakhtunkhwa-Pakistan. *J Ethn Cult Stud*, 8:89-105.
- van Balen F (2009) Infertility and culture: Explanations, implications and dilemmas. In *Marginalized Reproduction: Ethnicity, Infertility and Reproductive Technologies* (Eds L. Culley, N Hudson, F van Rooij):34-48. London, Routledge.
- van Balen F, Inhorn, MC (2002) Introduction: Interpreting infertility: A view from the social sciences. In *Infertility Around the Globe: New Thinking on Childlessness, Gender, and Reproductive Technologies* (Eds F van Balen, MC Inhorn):3-32. Berkley, University of California
- Whiteford LM & Gonzalez L (1995) Stigma: The hidden burden of infertility. *Soc Sci Med*, 40:27-36.
- Winek JL (2009) *Systemic Family Therapy: From Theory to Practice*. Thousand Oaks, NJ,Sage.
- Wischmann T, Schilling K, Toth B, Rösner S, Strowitzki T, Wohlfarth K et al. (2014) Sexuality, self-esteem and partnership quality in infertile women and men. *Geburtshilfe und Frauenheilkund*, 74:759-763.
- WHO (2023) *Infertility Prevalence Estimates, 1990-2021*. Geneva, World Health Organization
- Wright J, Duchesne C, Sabourin S, Bissonnette F, Benoit J, Girard Y (1991) Psychosocial distress and infertility: Men and women respond differently. *Fertil Steril*, 55:100-108.
- Yli-Kuha AN, Gissler M, Klemetti R, Luoto R, Koivisto E, Hemminki E (2010) Psychiatric disorders leading to hospitalization before and after infertility treatments. *Hum Reprod*, 25:2018-2023.
- Zouari A, Hammami F, Ellouze S, Turki M, Jenhani R, Chibani M, Gharchem R et al. (2021) Impact of male infertility on self-esteem. *Eur Psychiatry*, 64(Suppl 1):S547.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.

Acknowledgments: The author would like to thank Assistant Prof. Dr. Aylin Koçak Şen for her contribution to the writing of this article.