

# Chapter 4

## Case Study for Counseling Same Sex Couples Through the Fertility Process: Jane and Kelsey

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### EXECUTIVE SUMMARY

*Fertility and reproductive technologies are increasingly important topics for counseling LGBT+ individuals. As legislation improves, lesbian couples have additional opportunities to expand their families. Professional counselors may be aware of the various fertility methods (e.g., artificial insemination, in vitro fertilization), but may lack understanding of the specific differences inherent in the process for two females. Lesbians also face barriers present in a heteronormative society. This chapter describes a counseling relationship with a lesbian couple who are working through the fertility process. When performing counseling work, using the multicultural and social justice competencies allows the counselor to provide ethical practice. The counselors use Relational-Cultural Theory, a feminist theory, to help Jane and Kelsey set goals consistent with the tenets of the theory. Additionally, the counseling team and couple work through the unique barriers a lesbian couple faces when experiencing the fertility process in a heteronormative society.*

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## **BACKGROUND**

In 2008, the California Supreme Court ruled that the Freedom of Religion does not allow the denial of fertility treatment for lesbian couples by fertility doctors (North Coast Women's Care Medical Group, Inc. v. San Diego County Superior Court, 2008). This step is a victory for women seeking reproductive technology in order to create options for childbearing for those previously denied access to fertility treatments ("First Amendment California Supreme Court," 2008). Similarly, in 2015 the legislature in Maryland passed two bills that would include same-sex couples in the insurance mandate for in vitro fertilization treatments (Adashi, 2015). Although California and Maryland have changed legislation to address the unique needs of gay and lesbian couples, not all states have laws that offer the same protections. As such, it is essential for counselors who are assisting lesbian couples, who are embarking on the fertility treatment process, recognize the myriad differences in the way fertility treatment is experienced for lesbian couples, as compared to heterosexual couples. Areas include, but are not limited to, legal differences, health insurance benefits, medical document language, familial levels of support, costs for procedures, multicultural awareness of doctors and staff, and treatment of the spouse or partner (Rausch & Wikoff, 2018).

The emotional and financial impact of fertility treatment is increasing in research, as an estimated 4.3 million individuals or their partners experience issues related to fertility (Chandra, Martinez, Mosher, Abma, & Jones, 2005). Topics such as stress associated with fertility treatment (Borneskog, Lampic, Sydsjö, Bladh, & Skoog Svanberg, 2017), cultural considerations within fertility counseling (Burnett, 2009), decision making during donor insemination (Chabot, & Ames, 2004), counseling lesbians opting into motherhood (Dunne, 2000; Erwin, 2007), transitioning from infertility to adoption choices (Goldberg, Downing, & Richardson, 2009), and consequences for non-genetic parenthood (Golombok, Murray, Jadv, Lycett, Maccullum, & Rust, 2006) have been studied within the lesbian population. While the use of reproductive technology increases across the globe, research focusing on heterosexual couples remains prevalent; however, this research may be helpful when examining the needs of lesbian couples.

More recent research focusing on heterosexual participants includes the impact of a partnership support program for couples who choose to engage in the fertility process (Asazawa, 2015), and the psychological impact of fertility treatment on a male partner (Dooley, Dineen, Sarma, & Nolan, 2014). Studies focusing on the impact of fertility on women examine mental and emotional health (e.g., anxiety, stress, depression, emotional regulation, life satisfaction) during fertility processes and treatment (Galhardo, Cunha, Pinto-Gouveia, & Matos, 2013; Grant & Cochrane, 2014; Kahaki, Nazari, & Khosravi, 2014; Van Der Merwe, & Greeff, 2015). Research

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