The Uniquely Knitted Model

A Preventative Mental Health Approach to Building Resilience, Meaning and Community through Process Groups.

Introduction: The Emotional Toll of Infertility

Infertility is not just a medical condition—it is a deep psychological and emotional crisis. Research consistently shows that infertility is associated with heightened rates of anxiety, depression, and emotional distress. A meta-analysis of over a dozen studies found that women experiencing infertility reported significantly higher levels of depression and anxiety compared to fertile women, with levels comparable to those facing cancer or heart disease (Fallahzadeh et al., 2019). Couples often experience increased marital strain, heightened conflict, and decreased intimacy as they struggle with the relentless uncertainty and repeated losses that come with infertility.

A study by Peterson et al. (2025) found that individuals diagnosed with infertility experience "feelings of inadequacy, loss, and difficulty being open with family and friends," and that these feelings are strongly correlated with depressive symptoms and a disrupted sense of life's purpose.

Additional statistics confirm the gravity of this mental health crisis:

- **56%** of women and **32%** of men suffer from major **depressive disorder.**
- **86%** of individuals report experiencing significant **anxiety.**
- **41%** of women are diagnosed with **PTSD** related to infertility.
- Couples dealing with infertility are **three times** more likely to **divorce.**
- Nearly **half** of infertility patients in the UK surveyed had contemplated suicide.

It remains true that the, ***"Psychological burden of treatment was a main reason for discontinuing treatment at all stages, especially during ART."***

Additionally, processing infertility is a vital part of making it through treatment. "Patients report that the shock of treatment failure **demands some processing time** before they feel able to discuss further uptake of treatment which is consistent with results of quantitative studies that show that the aftermath of treatment failure is marked by intense depressive emotions."

The pain of infertility is compounded by the silence from our communities. Infertility remains stigmatized and misunderstood, individuals and couples often suffer alone, compounding their distress and weakening their support networks.

The Need for a Mental Health Solution

Infertility has long been approached primarily as a physical health problem, something to be diagnosed, treated, and resolved with medical interventions. But this framework neglects the profound emotional and existential impact of infertility. What people need is not just access to fertility treatments, but also emotional support that acknowledges their grief, confusion, identity crises, and relationship challenges.

To meet this need, we must turn to **preventative mental health solutions**, creating environments where people are treated as human beings whose pain deserves empathy, validation, and relational connection. Healing will come not from technology alone, but from compassionate human presence, shared vulnerability, and the rebuilding of purpose.

Stigma, Openness, and Meaning: What the Research Shows

A 2025 peer-reviewed study by Chapman University in partnership with Uniquely Knitted found that individuals who experience high levels of **infertility stigma** are significantly more likely to suffer from **depression** and a diminished sense of life's meaning. Conversely, those who are more **open with others about their struggles** report fewer depressive symptoms and a greater presence of meaning in life.

According to the study: *"Greater openness with others was associated with lower depressive symptoms and greater presence of meaning in life in both men and women."* The findings highlight that **safe, stigma-free communities** are essential for emotional healing during infertility. The ability to share one's experience openly, with empathy and without judgment, is a protective factor that strengthens mental health and helps individuals reconstruct their purpose and identity during uncertainty.

Uniquely Knitted: A Mission to Provide Research-Backed Care

Uniquely Knitted is a nonprofit organization founded to meet this exact need. Our mission is to **provide emotional care** to the infertility community **through professionally facilitated process groups** and research-informed practices. We believe that when people are invited into compassionate, structured spaces, they gain the support and tools they need to endure, adapt, and grow.

Founded by Doug and Jesse Brown, who personally endured a 10-year infertility journey. The Uniquely Knitted programs are built on the belief that healing from infertility trauma requires more than time or success in treatment, it requires **community, understanding, and structured emotional care**. Through research-backed process groups and partnerships at Chapman University and Concordia University, we provide an effective, scalable solution to one of the most under-addressed mental health crises today.

The TPRAT Model: Building the Four Core Capacities for Resilience

Our work is grounded in the **Townsend Personal and Relational Assessment Tool (TPRAT)**, a validated psychological framework developed by Dr. John Townsend and his research collaborators. The TPRAT is both an assessment and a theoretical model rooted in developmental psychology, attachment theory, and interpersonal neurobiology. It evaluates and strengthens four key capacities that determine how effectively a person can connect with others, manage emotions, maintain a coherent identity, and live a purposeful life.

At its core, the TPRAT is built on the understanding that mental health is relational. It posits that psychological resilience is not simply about individual strength but about the ability to participate in healthy, reciprocal relationships that support growth, healing, and adaptability. The model has been widely used in leadership coaching, therapy, and community-based interventions—Uniquely Knitted has adapted this proven model to serve individuals navigating infertility.

The four core capacities of the TPRAT are:

1. **Attachment** – the ability to form secure, vulnerable relationships and access emotional attunement.
2. **Separation** – the capacity to develop boundaries, hold one's own voice, and differentiate oneself from others.

3. **Integration** – the skill of holding together opposing emotional states (like hope and grief) and maintaining a whole sense of self amid imperfections and losses.
4. **Adulthood** – the ability to function as a purposeful, responsible adult in relationships, contributing with mutuality and integrity.

Each Uniquely Knitted process group is structured to support growth in these four areas. These capacities are not only relational—they are **functional skills** for navigating life's most painful realities. Together, they improve a person's **capacity to meet the demands of infertility and all of reality.** Specifically, they address infertility in the following ways.

- **Attachment** helps individuals and couples suffering from infertility regulate their emotions through connection to each other and safe people in their lives.
- **Separation** helps them stand firm in their identity and have confidence in their decisions amid external pressures from family and friends who have lots of opinions about what they should do to conceive.
- **Integration** supports their ability to hold the pain and loss of treatment and trying without collapsing into shame.
- **Adulthood** equips them to move forward with purpose, even in the uncertainty of getting pregnant in the future.

Uniquely Knitted carries out this model **in a group setting with a professional facilitator**, using process groups composed of others who have also experienced infertility. This peer-based structure not only reinforces each capacity through shared understanding and empathy, but also helps participants practice relational growth in real time with people who truly "get it."

Using our research-based developmental model, participants progress through levels of emotional maturity in each capacity. As they do, they begin to:

- Experience intimacy without fear
- Define their desires and hold boundaries
- Accept their imperfections
- Reclaim purpose and agency in their lives

This transformation does not happen overnight. It happens through repeated experiences of connection, reflection, and supported risk-taking within the group. It happens when

people are consistently seen, heard, and accepted. (Often for the first time in their infertility journey.)

Conclusion: A Science-Backed Path to Healing

Infertility leaves deep emotional scars that cannot be healed by medicine alone. The research is unequivocal: to address the mental health challenges of infertility, we must reduce stigma, promote openness, and offer structured, relational support.

The 2025 Chapman University study identified these two critical factors for improving mental well-being in the infertility community: **reducing personal infertility stigma** and **increasing openness with others**. The Uniquely Knitted process groups and the TPRAT framework are precisely designed to meet these criteria.

The group setting of our process groups offers participants a safe space to be open about their infertility experience, thus reducing shame. In these spaces, stigma is dismantled through mutual validation and vulnerability. As participants grow in the TPRAT capacities—especially **Attachment** and **Integration**—they become more equipped to form honest connections and emotionally process grief, disappointment, and identity disruptions.

By nurturing these core relational skills, process groups do more than provide support; they **rebuild the psychological architecture needed to recover meaning, resilience, and agency**. The healing that occurs is not superficial—it is transformative, developmental, and sustainable.

Uniquely Knitted is changing the experience of infertility—one story, one group, one connection at a time. If we are serious about caring for people facing infertility, we must provide them with more than a diagnosis—we must give them a place to heal.

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