

# Developing skills for group work

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# Clinical and theoretical issues

- A clinical example
- Theoretical frameworks for groups
- Steps for setting up a group

## A clinical example

Mary S., 34 years of age, has been trying to achieve a pregnancy for 4 years, keen on natural methods, now discovers her partner presents severe OTA (oligoteratoasthenospermia). Only ICSI (in vitro fertilisation with intracytoplasmic sperm injection) is possible.

Mary S. is upset and confused, her partner is feeling useless and guilty.

# A clinical example

Couple counselling allows both partners to work on acceptance, self-image, adapting to circumstances, handling the entourage.

Sharing with friends and family doesn't always help.

Infertility is often not considered a « serious problem » by those not affected. The need to give advice or to make light of a situation can cause damage to the relationship and self-esteem.

« Not fitting in anymore », « not being understood », « becoming sad and pessimistic », « putting life on hold », « hating oneself for feelings of jealousy towards pregnant women »

# A clinical example

Mary S. inquired about encounter groups for people with fertility problems

Two possibilities were offered:

- Support group led by a woman who had successfully gone through IVF with ICSI and had two healthy children (no professional intervention, no fee)
- Therapeutic group led by two psychologists: one trained in group psychotherapy and one child psychologist. One (free) individual encounter for participant selection and ten sessions of group work (400.- Euros total)

# Theoretical framework

Group work allows for (I. Yalom, 2005):

- Instillation of hope
- Universality
- Imparting information
- Altruism
- Corrective recapitulation of the primary family group
- Development of socializing techniques
- Imitative behaviour
- Interpersonal learning
- Group cohesiveness
- Catharsis

# Theoretical framework

- Themes encountered in infertility groups: grief, loss of control, gender differences, interpersonal relationships, partnership with the medical team, stress and coping, decision making, pregnant members, gaining knowledge on social and legal aspects of other family building options (gamete or embryo donation, surrogacy, adoption), adapting to pregnancy after MAP, coming to terms with the possibility of a life without a pregnancy

# Theoretical framework

- Therapeutic interventions:  
cognitive-behavioural, emotive-interactive, psycho-educational (DI), staff groups, computer-mediated groups... "Eastern body-mind-spirit" ,...
- Cultural factors
- Group leader(s), facilities, agenda and financial issues



# Theoretical framework

## References

- I. Yalom and M. Leszcs (2005). *The Theory and Practice of Group Psychotherapy*, 5th edition, Basic Books, New York
- S. N. Covington (2005). *Group approaches to infertility counselling*, In : *Infertility Counselling: A comprehensive handbook for clinicians*. Second edition, Cambridge University Press
- P. Thorn (2002). *Professionally facilitated group work*. In: *Guidelines for counselling in infertility*. Ed J. Boivin and H. Kentenich. ESHRE monographs, Oxford University Press. Available on "www.eshre.com" under "guidelines" of the special interest group "Psychology and counselling"

# Steps for setting up a group

1. Assessing the clinical issues and target population: infertility in general, donor insemination, unsuccessful treatment, over-40, pregnancy after IVF...
2. Formulating the main goals: information, alleviating stress, relaxation technique, exchange of experiences, restoring harmony in the couples' relationship...
3. Defining the technique: cognitive-behavioral, psycho-educational, computer mediated...
4. Defining the structure: selection and number of participants and of group leader(s), frequency and number of sessions, time and place, outline of the sessions (!), evaluation

# Conclusion

Questions and final comments concerning the session

Thank you for your attention  
and participation !