THE PSYCHOLOGICAL IMPACT OF INFERTILITY ON MEN: MEN'S EMOTIONAL NEEDS DURING DIAGNOSIS AND TREATMENT

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- Overview of scientific knowledge and clinical experience
- Typical reactions of men
  - during diagnosis
  - when confronted with infertility
  - towards partner
  - during treatment
  - when discussing alternatives
- Implications for clinical practice

Myths or Facts?

- For most men, having children is less important than it is for their partners, men can adjust more easily to a life without children than women.

  In many cases, but not always

- Men do not want to and have no need to talk about their diagnosis

  Given the right context and circumstances, men do talk a lot and appreciate the possibility to share their experiences

- Men suffer less from infertility than women („strong as a German oak")

  Infertility can have a strong negative impact on their self-esteem, the stigma of male infertility is stronger than of female infertility, many men suffer as much, but showing and sharing emotions is not a male coping mechanism

Some scientific evidence …

- Of 121 papers published on infertility (1948 – 1985) 56% referred to women only, 29% to both partners and **15%** exclusively on men (Bents 1985)
- Male infertility is "somewhat in the dark ages" (Lee 1996)
- Male infertility and impaired male health is intertwined with sexual functioning, both impacts negatively on men's reputation of virile males (Brähler et al. 2001)

… and clinical feedback

- Diagnosis of male infertility: harshest blow in man's life, the worst news ever received
- Feelings of inadequacy, masculinity is threatened, marginalisation (during ART) and guilt (towards partner)
- Infertility *"is liking climbing a mountain, trying to reach the top, but you never see it, there are only partial victories".*

… but will we ever have a child?

Embryos are transferred into uterus

Oocytes are fertilized

They find sperm in the ejaculate or in the testicles

More scientific evidence …

Social context may determine the way in which men and women have been socialised to cope with negative affect in general , also when experiencing infertility:

- Men are reserved about displaying emotions, look for pragmatic solutions, manage problems on their own, have little need to share
- Women undergo treatment, suffer all side-effects of treatment, are "communication experts" whereas men play marginal role, even though they are diagnosed with infertility (Webb & Daniluk 1999)

… and clinical feedback

- Men may be inclined to deny psychological problems
- Men and women respond differently, have different coping styles (pragmatic approach focused on solutions versus communicating and sharing emotions)
- Male infertility = women take the blame and are blamed (taboo is greater)
- Men sharing infertility: they fear to become the target of merciless mockery and insults
  "Shall I pay your wife a little visit?
  This takes a real man!"
- Women sharing infertility:
  they fear to be pitied

… and more science …

- Male infertility = reduced quality of sexual life (Smith et al. 2009, Wischmann 2009)
- Men find it difficult to produce a sperm sample “upon request/order”, they feel tense, nervous and worry about not being able to perform.
- Erectile dysfunctions and pre-mature ejaculations are common after diagnosis, men feel like a “stock bull” if they have to perform for certain treatments or diagnostic procedures.
- Sex becomes a task rather than a pleasurable exercise

The „calmer sutra“

… and clinical evidence

- Infertility counselling is offered by women – to women! (in Germany: 7 times more female than male counsellors)
- Men feel they can overcome the emotional implications of infertility by themselves – they see no need for counselling
- Men feel overwhelmed by not being able to offer pragmatic help - and by the ongoing need of their partner to talk – and talk – and talk

Typical reactions of men – during diagnosis

- It takes men a long time to go to a specialist for diagnosis
  "I only went after my wife almost broke down because she could not bear the stress of not knowing anymore".

- Men are not used to undergoing medical investigations
  "I had no idea what to expect – and was pretty nervous." "There can't be anything wrong with me, my sex life is perfect!"

- Men are vulnerable – but they don't tend to show it
  "The doctor explained the results in pragmatic and comprehensible details, actually just right for a man, but when I left his consulting room I was so angry I could have crashed his door!"

  "If I told her how upset I was about not having kids, it would be like telling her she's fat – it's a cardinal sin."

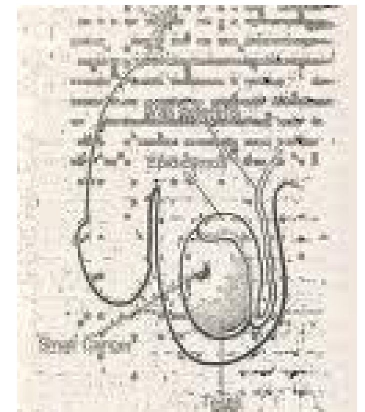
Typical reactions of men – confronted with diagnosis

- Typical emotional reaction – of men and women: denial, disbelief, self-doubts

  "I did not belief the first doctor, I was certain he had made a mistake."
  " All of a sudden, I did not feel like a man anymore, like somebody had taken away my masculinity."

- Negative reactions are amplified if investigation indicates a serious disease

  "I was diagnosed with testicular cancer and felt my life slipping away. I could not only not have children, I was not even sure whether I would survive myself."



Typical reactions of men – towards partner

- Men feel they have let down their wives, they feel guilty

  "I wanted to tell my wife that I could understand if she wanted to leave me so that she could have children with someone else, but I worried too much that she actually would."
- Different coping styles

  "She wanted to talk, but I wanted to do something and we both felt we did not understand each other."
- Quality of sexual life suffers

  "Why have sex? It is pointless anyway."

Typical reactions of men – during treatment

- Men feel marginalised

  "There was nothing I could do, and I was not even asked whether I wanted to be present when the insemination took place."

- Different coping styles, different needs for sharing

  "My wife talked to her friends – and I felt they were staring at me every time they saw me, I felt so embarrassed."

  "There was nothing I could do during the 2 weeks after ET – they were the worst weeks of my life."

  "I thought I had to be the strong one when we found out treatment had failed, but afterwards, my wife told me that it would have been much more helpful if I had shown my feelings as well."

The position of the man – can you see him?

Typical reactions of men – when seeking alternatives

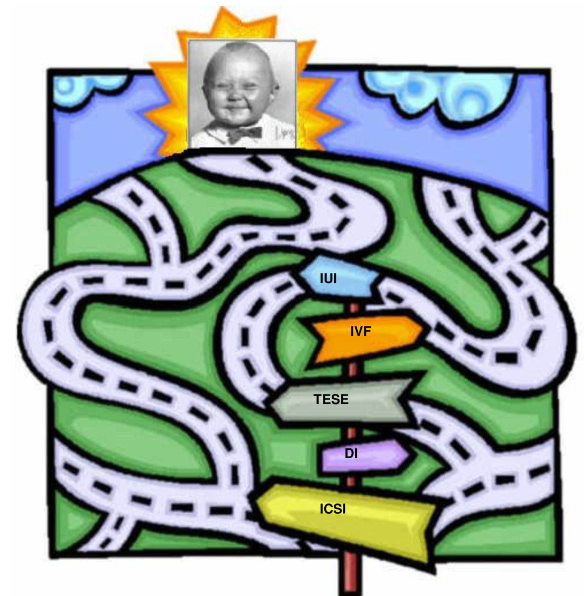
- Different coping styles

  "I wanted a step-for-step approach and only discuss adoption or DI once ICSI had completely failed, but my wife wanted to do ICSI AND discuss adoption."

  "Once we had decided not to continue ICSI, I wanted to move on with life, but my wife needed some time and I did not know how to support her during this mourning process."

- Different speed of managing infertility

  "I was already over it, but my wife was still suffering and could not move on."



Implications for clinical practice (1)

- Men have a need for respect, comfort, support and involvement (Dancet et al. 2010)
- **Diagnosis:** explain tests, explain results, provide written information, no results via telephone, acknowledge feelings, schedule 2nd appointment to discuss implications of diagnosis with both partners
- **Treatment:** actively involve male partner (invite to all appointments, include in consultation), provide written information, make him feel welcome and wanted

Implications for clinical practice (2)

- **Results:** schedule appointment with both partners, acknowledge feelings, show ways forward

Requirements for all medical staff:

- basic understanding of the psychology of infertility
- Empathy
- Communications skills
- Knowledge when to recommend counselling

"Of course I'm listening to your expression of spiritual suffering. Don't you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?"

Infertility Counselling

All patients should be routinely offered and have access to counselling

Counselling should be strongly recommended in these cases:

1. Recipients and donors for gamete donation (social and biological parenthood, child development, couple and family dynamics)
2. Patients with ongoing depressive reactions
3. Patients are psychiatrically at risk (previous psych. condition)
4. Couples suffering from marital distress, indecisive / ambivalent couples
5. Multiple pregnancy, complications during pregnancy
6. Pregnancy loss

Questions and Discussion

Suggested reading

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