Infertility Counselling

When should it be recommended and how can it support couples?

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Learning Objectives

- Understand the changes that have occured in our understanding of the psychology of infertility
- Have a overview of what is currently discussed
- Have an insight into infertility counselling
- Understand when to recommend counselling

Historic overview

~ 1950 Psychoanalytical and psychogenic understanding dominated:

- individual psychopathology was stressed (i.e. unconscious rejection of motherhood, sexual identity conflicts)
- 50% of infertility was caused by psychopathology
- women were the focus, men were largely ignored

~ 1970 Psychosocial distress was considered to contribute to sub-/ infertility

~ 1975 Increasing medical possibilities to diagnose and treat infertility

Historic overview

~ 1980 Stress is the result of infertility and its treatment, not its cause

90%: medical reasons for infertility

~ 1990 Holistic and bio-psycho-social models of understanding developed:

Crisis intervention
Stigma theory
Grief and bereavement approaches
Individual identity theories
Family systems theory

Psychological Health I

- On average, men and women experiencing infertility are as healthy as others (15-20% suffer from psychological disorder – as many as in the normal population) but:
- Depressive reactions, hopelessness, despair, failure and reduced self-esteem as well as social isolation are typical reactions
- Levels of anxiety and depressive reactions are higher than in control groups and higher in women than in men
- For approx. 50% of women, infertility is the most upsetting life event
- Women may experience stronger depressive reactions in cultures where motherhood is strongly valued or the only role option for women

Psychological Health II

- Depressive reactions tend to be stronger when no cause can be diagnosed
- Lengthy medical treatment = higher levels of distress
- Drop-out rate as a result of emotional and financial stress
- Sexual dysfunction and inadequacy are common but temporary (task-oriented versus pleasure-oriented)
- Follow-up studies indicate that couples who remain childless are as healthy and satisfied with their lives as couples who have conceived

Psychogenic Infertility

Can infertility result from a psychological disorder?

Current research suggests that infertility is due to a psychological stressor only if

1. Couples continue to practice behaviour unhealthy for fertility (nutrition, high performance athlete, extreme professional stress) despite professional advice
2. Couples avoid intercourse during the fertile phase of the woman or suffer from non-organic sexual dysfunction
3. Couples wish to undergo ART, but do not begin medical treatment

~ 5% of all individuals affected by psychogenic infertility

Gender-specific reactions

More research on women than on men!

Men

- Higher stress level when male infertility is diagnosed than women when female infertility is diagnosed
- Need for information and pragmatic approach *(„I want to get going!“)*
- Name and genetic link will not be passed on

Women

- Most severe emotional crisis
- Need for communication and sharing emotions *(„He never wants to talk!“)*
- Female role is strongly associated with role of motherhood

Gender-specific reactions

Men

- Guilt, shame, anger, loss, personal failure are typical reactions but voiced only in appropriate settings/qual. research
- Male infertility – stronger taboo
- (No) children – little change in life
- Little side effects of ART

Women

- Similar emotional repercussions, but relatively openly shared
- Female infertility – taboo is smaller
- (No) children – major changes in life (focus on caretaking, friendships, professional development change) – social environment changes
- Physical side effects of treatment, monthly reminder: menstruation, biological clock

Social Health

„We are different from everybody else“

- Infertility is associated with a social stigma: couples break group norms and social conventions as they do not reproduce when others in their age group do
- Stigma and taboo tend to be greater in pro-natalistic societies, in societies in which (large) families are desired and the norm
- Social withdrawal/isolation is common, esp. from family reunions/festivities which centre around children
- In some cultures, infertility can result in divorce (typically from the wife because she is considered responsible for not falling pregnant)

Emotional reactions during ART

„Finally, something is happening“

- Initially, ART tends to stimulate hope and (over-) enthusiasm
- Patients typically remember only a fraction of the initial medical consultation: confusion, misunderstandings, high hopes
- Couples are required to take complex decisions: identity adaptation process

Internal decision process and identity adaptation

Medical examination/diagnosis

„I can have a baby any time“.

Ovarian stimulation

„I need some help“.

Insemination

IVF / ICSI

„I need high-tech“.

Internal decision process and identity adaptation

IVF/ICSI

↓

„Even high-tech does not work“.

Gamete donation

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„I have to consider a child who is not biologically related to me“.

Adoption

↓

Life without children

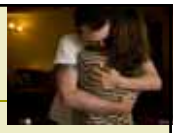
„I have to come to terms with what I never wanted“.

Drop-out of treatment

Drop-out rate between 20% and 50% after initial consultation or during treatment

- Seldom for medical or physical reasons
- Often as a result of psychological distress and/or financial reasons
- Independent from the type of treatment, the waiting period is the most stressful time
  (*”It is like an emotional roller-coaster”*)
- Counselling may help to decrease drop-out rate

Understanding grief

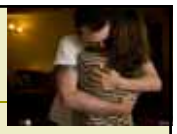


- Feelings of loss are experienced in various stages during the experience of infertility:

  failure to conceive naturally
  repeated failure during treatment
  failure to conceive with ART at the end of treatment

- Positive factors for coping:
  ability to accept life without children,
  avoiding social isolation and
  developing alternative aims for life
- A mourning phase of up to 1,5 or 2 years with mild depressive reactions is within the norm.

Understanding grief



- Mourning may be emotionally more difficult because there is no social ritual for this
- Couples, esp. women feel “not understood” by others, others expect couples to move on with life and adapt quickly

When is counselling required?

All patients should be routinely offered and have access to counselling
Information, implication, support, therapeutic counselling

- inform about family–building options
- assist decision-taking
- explore implications of decision
- provide support during treatment
- develop alternatives
- facilitate long-term adjustment (grieving, adapting to a life without children)

Aims of infertility counselling

- improve psychosocial well-being
- reduce infertility-related distress
- improve tolerance for infertility
- improve couple interaction
- facilitate communication (with friends and relatives, also with physician and nurses)

When is counselling required?

All patients should be routinely offered and have access to counselling

Individuals / couples **severely distressed** should be recommended to see a counsellor:

1. Ongoing depressive reactions
2. Psychiatrically at risk (previous psych. condition)
3. Marital distress, indecisive / ambivalent couples
4. Prior to invasive treatment (IVF, ICSI, PGD)
5. Multiple pregnancy
6. Pregnancy loss

When is counselling required?

All patients should be routinely offered and have access to counselling

Individuals / couples building "**unconventional" families** should be recommended to see a counsellor for implications counselling (couple dynamics, family dynamics, needs of children, meanings of biological and social parenthood) to provide reflection and increase confidence:

1. Recipients of gamete donation (sperm, oocyte, embryo) incl. same-sex couples and single women
2. Donors
3. Surrogate and recipients
4. Intra-familial donation
5. Post-humous donation / treatment

Counsellors' qualifications

Practice standards:

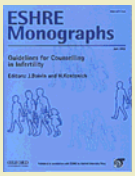
- Social Science Degree and counselling/therapy training
- Marital and family issues related to infertility
- Psychology of infertility (ie. bereavement, crisis intervention, typical/atypical responses)
- Family building alternatives (adoption, gamete donation, child-free living)
- Individual and couple counselling (group intervention)
- Legal and ethical issues related to ART
- Clinical experience
- Continuing education

Summary

- Infertility is associated with emotional repercussion for the individual and the couple and has significant social implications; therefore, a variety of different theories is required to fully appreciate the psychological consequences of infertility.
- Men and women differ in their needs and their visible reactions – they are likely to undergo similar emotional pain.
- Medical treatment can result in pregnancy – and can exacerbate emotional distress.
- Infertility counselling can contribute to emotional well-being and help to stabilize patients so that they can carry out the treatment medically advisable.
- Counselling should be available for all patients and required for highly distressed patients and those considering unconventional family building options.
- Infertility counselling should be carried out by skilled and experienced professionals

Thank You

www.eshre.eu
SIG Psychology & Counselling
Training workshop Amsterdam Dec. 2010



www.iffs-iico.org
International Infertility Counselling Organisation
Post Graduate Workshop Munich September 2010

Key questions to understand the psychological impact of infertility (1)

1. How long have you wished for a child?
2. How many doctors and/or other professionals have you consulted?
3. What do you think is the reason for your infertility?
4. How much do you suffer as a result of your infertility?
5. Who do you think suffers more, you or your partner? Do you think your partner understands your reactions, do you understand his/hers?
6. How has infertility impacted your marriage?
7. How has it impacted your closeness?
8. What is the most difficult part of infertility for you and for your partner?

Key questions to understand the psychological impact of infertility (2)

9. What have you done to feel better? What can your partner do to support you?
10. Do you feel under pressure because friends become pregnant? If yes, how do you manage this?
11. Who can you talk to about your infertility and is this helpful?
12. How has your life changed since you have wanted to conceive a child?
13. How satisfied are you with your life in general?
14. What do you think should be changed in your life so that you can have a child?
15. Where are limits in medical treatment for you?
16. What life alternatives do you have if treatment is not successful / if you remain without children?