



Infertility: An Emotional Roller-Coaster

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ABSTRACT

When Individuals realize that they are infertile, they often experience distressing psychological and emotional reactions that are commonly seen in people who are grieving a significant loss. Inability to procreate is a very significant loss perceived in various degrees across the various cultures of the mankind. The loss is also perceived in terms of self esteem, relationships, finance and health. Often such an individual may have anxiety, depression, avoidance of coping strategies, dissatisfied or poor marital communication, including impoverished social network. The newer reproductive technologies have raised the individual's expectations of fulfilling their dream of giving birth to their own child. In the attempt of having their baby people tend to undergo any numerous methods of treatment and subject themselves to all types of stresses. Therapies like counseling, psychotherapy, relaxation techniques, and medications can help them overcome the issues. In such circumstances, it becomes imperative for the professionals addressing individuals with infertility to understand the psychological and emotional impacts of infertility. The professional should be caring, compassionate and competent in providing appropriate advice and information, helping them to let out their feeling and fears. Undoubtedly nurses have lot of scope in this area and can be of great support by being knowledgeable about the psychological and emotional issues of infertility.

KEYWORDS

Infertility, Stress, Counseling

INTRODUCTION

The value of fertility has been well depicted through art, literature, cultural practices and rituals in the history of mankind. For women, pregnancy and motherhood are developmental milestones that are highly emphasized in all culture. In the Indian context, procreation is considered the most vital and sacred function in the institution of marriage⁸. Infertility can threaten the identity, status and economic security of both men and

women. Infertility consequently, is a major source of anxiety leading to lowered self-esteem and a sense of powerlessness. Couples seek varied traditional methods and religious practices, including visits to temples, abstaining from visiting a place where a woman has delivered a child, observing *tantric* rites, wearing charms, participating in rituals and visiting astrologers¹¹. The advancement in reproductive medicine has made the treatment of infertility a highly successful



prospect that has given hope and success to thousands of couples. The newer technological innovations in reproductive health have associated psychological issues that need to be tackled by the infertile couple. Thus understanding these psychosocial issues is very important for the nurses working in the fertility centers.

INFERTILITY AND ITS IMPACT

The reasons for infertility are numerous which may lie with the woman or man and sometimes unexplainable. Whatever be the reason infertility creates havoc in the couple's mind, body and relationship with family and friends.

Psychological Impact of Infertility

Individuals who learn they are infertile often experience the normal but nevertheless distressing emotions common to those who are grieving any significant loss - in this case the ability to procreate. The impact is manifested as depression, anxiety, sexual difficulty, relationship problems. These manifestations are expressed in terms of poor coping skills, sense of helplessness, self blame and guilt, low self esteem, increased marital tensions, and/or heightened anger and fear of losing one's partner.

Emotional Impact of Infertility

Infertile couples go through the psychological stages of grief and loss; in that they experience **surprise** as they consider themselves inherently fertile but unable to conceive because of circumstances. The identification of them as infertile has not yet occurred. This is followed by **denial** to allow the mind and body to adjust to the newly discovered infertility problem. Acknowledgement of infertility brings **anger** which may not appear rational and directed towards their partner, families, doctor or social groups. The couples feel lonely and get isolated preventing them from seeking support. There is an attempt to search for a **guilty** act to put his or her infertility into a cause and effect relationship and that may "atone for his or her sins" leading to self destruction sometimes. When a couple fails to have a child or gives up trying, they are inevitably in **grief**⁶. When dealing with infertile couple, it is important to remember that these emotional reactions affect both in varying degrees affecting interpersonal relationship among the couple. Early identification of these characteristics will help women at risk, with timely intervention to prevent emotional problems⁴.

Infertility treatment and its impact

The technological and pharmaceutical innovations have boosted the hope of



infertile couple to realize their dream of a child. This brings along with it the additional baggage of troubles and stress.

Few such treatment related issues include:

Medication side effects: Drugs and hormones used to treat infertility may cause a variety of side effects like anxiety, sleep interruptions, mood swings, and irritability. Women may also experience physical discomfort like GI disturbances, breast tenderness, hair loss and rarely allergic reactions. Differentiating these reactions whether it is due to psychological or medicinal cause is a challenge.

Financial insecurity: Costs of infertility treatments are significant. The average cost for an IVF cycle using fresh embryos, for example, ranges between ₹ 80,000/- to 1,50,000 with an additional cost of ₹ 3,000 to 5,000 per cycle for fertility drugs. Often overlooked expenditure is the cost of transportation and loss of paid leave or pay for those employed on daily wages. Also there is no insurance coverage available in India contributing to feelings of helplessness and hopelessness among the couples.

Choices and outcomes: Opting treatment methods and waiting for the desired outcome triggers the psychological distress cycle. Some may need to gradually and with great difficulty, make the transition from wanting biological children to

accepting that they will have to pursue adoption or come to terms with being childless.

Mental Health Disorders: The infertile women showed higher scores on the depression and anxiety scales. For some couples, the infertility crisis can be seen as a cumulative trauma, which indicates that these couples have a marked need for infertility counselling¹². There are evidences showing increased risk for hospitalization among women with infertility for mental disorders ranging from anxiety, eating disorder, substance abuse to psychoses³.

PSYCHOSOCIAL PREDICTORS FOR STRESS IN INFERTILITY

Although no single pattern of adjustment to infertility appears common, numerous studies have identified several psychosocial factors that might make particular infertile individuals more vulnerable to stress. They are⁵:

- a) Persons having introvert, pessimist or neurotic characteristics,
- b) Viewing infertility as a threat or a loss,
- c) Low perceived control over the fertility condition and infertility treatment outcome,
- d) Frequent use of avoidant/escape coping strategies,



e) Marital dissatisfaction, poor marital communication and

f) Impoverished social network.

It is often a combination of factors which makes stress overwhelming. An insight into such risk and protective factors would facilitate the identification of women at risk of experiencing high infertility related stress and foster the implementation of tailored support, and therapeutic interventions. Partner coping patterns play a key role in the ability to cope with the infertility experience. Physicians and mental health providers can help couples to understand the coping strategies that lead to increased and decreased partner distress⁷.

THERAPIES TO OVERCOME PSYCHOLOGICAL ISSUES

The treatment of infertility commonly involves menstrual regulation, medications to correct hormonal imbalance and surgical procedures. All of which can increase the stress level of the couple. Treatment outcomes can be enhanced with certain supportive measures such as

Counseling: Referrals for short-term counseling are common — especially to increase coping strategies, or to provide help with making decisions (as patients face many choices during treatment). Ideally, counseling should begin before

patients start infertility treatment, as some studies.

Psychotherapy: Specific types of therapy whether delivered individually, to couples, or in a group may also be useful. Many studies provide substantial evidence that interpersonal therapy focusing on improving relationships or resolving conflicts with others and cognitive behavioral therapy which identifies and tries to change unhealthy patterns of thought or behavior can give relief to infertile patients suffering from mild to moderate depression.

Relaxation techniques: The stress experienced due to the infertile status and its treatment often causes considerable stress. Relaxation techniques, such as mindfulness meditation, deep breathing, guided imagery, and yoga can be recommended to promote stress management.

Communication and stress management: Knowing how, what, and how much to communicate about infertility the patients developed competence to actively manage changes in infertility-related communication in different social arenas⁹.

Patients who need specialized psychosocial care include²

(a) Patients who use donated gametes, surrogacy and/or adoption - third-party reproduction raise



psychological reactions and issues.

(b) Patients who experience great distress interfering daily activities.

(c) Patients considered being at risk because of their psychological history or presenting profile.

(d) Patients with genetic disorder in the family require pre-implantation genetic diagnosis.

The specific characteristics of infertility consultations¹

The infertility consultation differs from other symptom- or disease-oriented consultations in obstetrics and gynaecology through the following characteristics:

(a) The central focus of the consultation is an unfulfilled wish or goal in life and not finding diagnosis.

(b) The wish for a child aims to create a not-yet-existing third person who cannot be included in the decision-making process and into the treatment raising ethical considerations.

(c) The repeated treatment interventions create specific emotional stresses accompanied by disappointment and possible desperation.

(d) Diagnostic procedures and medical treatment in infertility have an important impact on the intimate life of the patients.

NURSING IMPLICATION

Careful, thought-out communication is important when caring for these

individuals. The personal nature of history-taking, exams and diagnostic procedures can be emotionally and physically demanding. Numerous invasive tests and blood work may not reveal easily identifiable causes, which can make infertility difficult to understand.

Nurses are often more comfortable discussing the technical aspects of care. When nurses put more emphasis on technology couples may interpret this as insensitive and uncompassionate. To effectively meet the needs of these patients, nurses need to be technically proficient while at the same time able to connect on a personal level.

One of the best strategies in working with these patients is to offer to listen to their concerns. Although it is tempting to share every positive outcome of others you know who have gone through infertility treatment, try to keep these stories to a minimum. Couples going through infertility treatment are well aware there are success stories, but they have not yet had this experience. Sharing the success of others can make them feel like more of a failure if they have already had an unsuccessful outcome with a similar treatment.

Hope is essential for effective coping and nurses can provide that needed supportive care through education and appropriate



referrals. The ABCs of support strategies are a way that nurses can serve in an emotionally supportive role for patients¹⁰:

A - Awareness and Advice: Being aware reminds nurses of the emotional aspects of infertility. Knowing the kind of advice to give patients is a key element of effective care.

B – Blame and Balance: Blame or anger can be a driving emotion experienced by couples. Nurses must encourage couples to talk about their feelings. Talking about their fears and emotions may help patients and spouses to be open and supportive of each other, finding balance.

C – Competence and Compassion: Nurses should be knowledgeable and keep in touch with how their patients are coping through the process of infertility. Compassionate interventions includes making patients feel cared for by providing education needed to them to effectively cope.

Undoubtedly, nurses play a pivotal role in helping address the unique needs of these patients. With an increased understanding of the infertility process, nurses can be better prepared to provide emotional and compassionate support to couples during every stage of their journey.

CONCLUSION

The vast knowledge regarding the effect of infertility on the couple should not be

ignored especially by the nurses. All the evidences gathered suggest that psychological symptoms may interfere with success of infertility treatment and there is increased need in addressing these issues. Along with psychosocial factors there are cultural and social factors which need to be explored for the benefit of the infertile couples.

CONFLICT OF INTEREST: None

ETHICAL CLEARANCE: Approved by JIPMER Institute Ethic Committee.



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