The Emotional Impact of Infertility and ART

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Objectives

Infertility in Context
• Normal expectations
• Why we want to have children

Emotional reactions

Gender Differences

Impact on Relationships
Normal vs more serious reaction

Role of Counselling

What we can do to help?
Infertility

- Involuntary childlessness can be seen as a “life crisis” that has the potential to threaten emotional stability
- “Normal” expectations of fertility – control of family planning
- Struggle to conceive – “The Emotional Rollercoaster”
- Lack of control
Why Have Children?

- Biologically primed – in fertile years
- Central to the notions of masculinity and femininity
- Developmental stage of life and relationship
- Sense of belonging, connection and completion
- Form of immortality
- Society values the role of parents
- Need to be valued
- Source of purpose – pride, joy and accomplishment
The impact of Infertility

- Profound psychological impact – high prevalence of depression and anxiety (Chen et al., Domar)
- Majority of patients report that infertility is the most upsetting experience of their lives
- Equivalent levels of anxiety and depressions as women with cancer, HIV and heart disease
Emotional Reactions

Current stressors eg sick parent, pressures at work

Unique to relationship

Gender differences

Unique to individual

Past life experiences

Exit IVF
- Pregnant
- Childless
Impact of Psychological Factors on ART

• Mixed results from studies regarding the influence of stress and distress on ART outcomes
• 2010 meta-analysis (J. Boivin) showed emotional distress will not compromise chance of becoming pregnant
• Emotional distress may reduce patient’s willingness to remain in treatment
• Women with depression diagnosis prior to ART underwent significantly fewer cycles (A. Domar)
Emotions in an IVF Cycle

- Hope & Despair
- Guilt and Shame
- Trauma & Resilience
- Sacrifice & Costs/gains
- Grief & Loss
- Confusion and Loss of Control
- Isolation & Support
Grief and Loss in Infertility

- Invisible loss – no baby or memories and no acknowledgement
- Ambiguous loss – “I’m infertile but maybe I’ll have a baby”
- Chronic sorrow vs acute grief
- Reinforced by process of IVF cycle
- Complicated grief
Loss and Infertility

- Loss of dreams
- Loss of control
- Loss of easy way of achieving a pregnancy
- Loss of a natural rite of passage
- Loss of intimacy, spontaneity and mystery of conception
- Loss of fun and joy of sex
Loss and Infertility cont.

- Loss of self esteem related to sexual identity
- Loss for partner who is “to blame” and for partner trying to reassure partner with medical condition
- Financial loss
- Loss of friendships
Loss – Most at Risk

- Those who have experienced repeated losses
- Those with no living children
- Those with no support network
- Those with history of depression
- Those without their own mother/father to support them
- Those who disagree on a course of action
7 States of Grief

- Shock and Denial
- Pain and Guilt (intense longing)
- Anger and Bargaining
- Depression reflection and loneliness
- Upward Turn
- Reconstruction and Working Through
- Acceptance (or adjustment) to the unacceptable and hope
Gender Differences

Male

• Tend to respond in practical ways and be solution-focused
• Tend to internalise and repress
• Preoccupied with needs of partner
• Tend to look to the positive
• May appear uncaring
Gender Differences

Female
• Tends to want to talk about feelings and be emotion-focused
• Tend to be overt and expressive
• Preoccupied with craving for a baby
• Tend to look to the negatives and “what-ifs”
• May appear neurotic
• Carry the burden of the IVF treatment
Impact on Relationships

- Different ways of coping under stress
- Difficult to communicate about something so painful
- Guilt for diagnosed partner/resentment of other partner
- Impact on sexual relationship
- Gender differences
- Isolation within relationship
More serious reactions

- Loss of interest in usual activities
- Depression that doesn’t lift
- Agitation
- Relationship discord
- General strained interpersonal relationships
- Difficulty thinking of anything other than infertility
- High levels of anxiety
- Diminished ability to accomplish tasks
- Difficulty concentrating
- Change in sleep patterns
- Change in appetite or weight
- Increased use of drugs & alcohol
- Thoughts about death or suicide
- Social isolation
- Persistent feelings of pessimism, guilt or worthlessness
- Persistent feelings of bitterness or anger

A. Domar 2004
Implications for Pregnancy and Postnatal period

- More anxious in pregnancy
- Lower self esteem and confidence in relation to parenting
- Less able to show negative emotions and ambivalence
- Ill-prepared for difficulties associated with a newborn baby (Fisher, Hammarburg et al 2006)
Role of Counselling

- Supportive counselling
- Mandatory counselling for donor gametes
- Psychoeducation and information
- Assessment of mental health and provision of care
- Review of legislation and impact on decision-making
- Defining support network – who to tell?
- Awareness of impact on relationship
- Grief and loss
Role of Counselling

• Support during 2 week wait
• Skills acquisition interventions are more effective
• Decision-making
• Relationship counselling
• When “enough is enough”
What helps?

Cognitive Restructuring

• CBT (cognitive behavioural therapy)
• ACT (acceptance and commitment therapy)
• Finding new ways of thinking about treatment and self
• Exploring negative/unhelpful thoughts
What helps?

Mindfulness Techniques
• Learning to value and engage in the present
• Awareness of your experiences
Increasing enjoyment of life/reducing distress
• Breathing/relaxation techniques
• Yoga
• Writing techniques
• Exercise/physical activity
Other Strategies

• Assuming other forms of control – projects
• Self-nurture
• Relaxation
• Developing effective supports
• Strategies to cope with difficult events eg friend having a baby
• Developing a Plan B
What can you do?

- Treat patients with respect by listening carefully and taking time
- Let people cry
- Empathy and acknowledgement
- Don’t say “I know how you feel”
- Keep it simple
What can you do?

- Follow-up
- Encourage them to seek help/support
- Refer appropriately
- Don’t take anger personally