

Do the infertile couples need psychological support?

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ABSTRACT

The problem of infertility is complex and very delicate, medicine and psychology being concerned with better understanding the causes and consequences of infertility, as well as the symptoms of psychopathology in correlation with it. The aim of this review is to clarify how fertilization treatment impacts the couple and to present therapeutic interventions in assisting couples facing infertility.

This paper is a review based on information from the literature. The analysis was limited to articles and guidelines in English published between January 1, 2000 and November 1, 2021 on PubMed, ScienceDirect and Google Scholar using the following keywords: infertility, support, couple, treatment, mental health, psychological interventions. In this review, we discussed the treatment methods and emotional symptoms of couples diagnosed with infertility and the psychological interventions needed to optimize the well-being of infertile people.

According to the literature, the role of psychoeducation for couples undergoing assisted human reproduction treatment is important in the optimal management of the difficulties they go through and can also add value to the medical process. Also, psychological interventions relieve the emotional symptoms that are felt by infertile couples, optimize well-being and increase success rates in the treatment of infertility.

Keywords: infertility, support, couple, treatment, mental health, psychological interventions

INTRODUCTION

Infertility is defined by the World Health Organization as the inability of the couple to achieve a viable pregnancy after a year or more of regular sexual activity without the use of contraceptives [1]. It is important that after this time limit, if the couple has not obtained a pregnancy, to seek medical attention for a proper evaluation. This 1-year interval is considered by Moreno-Rosset et al. [2] as representing a stressful moment, which makes infertility be perceived as a painful process, which involves anxiety, uncertainty and eagerness to become parents. As the months go by without getting pregnant, this process intensifies and affects couples on several levels: personal, social, professional, family.

Starting fertilization treatment is a difficult decision for couples, because it is associated with psy-

chological stress, inability to conceive naturally and giving up control over their own body and hormones involved in fertilization treatments can amplify the emotions felt by the couple.

There are several types of treatment methods for infertility: pharmacological, surgical and assisted reproductive techniques.

Assisted reproduction techniques (ART) include, among other methods, intrauterine insemination (IUI) and in vitro fertilization (IVF). Due to the reported efficacy of in vitro fertilization, this method of infertility treatment is the most popular and is in continuous development. In 2010, 1% of all children born in the US, about 2% in the UK and almost 4% in Denmark and Finland, were conceived by IVF [3].

A study [4] concludes that men may feel excluded from participating in treatment because they are intended primarily for women. They also feel feel-

ings of isolation from friends. Women are sensitive to repeated failures, which reconfirms the trauma of infertility. The authors emphasize that these psychological risk factors support the usefulness of psychological support for these couples, especially in cases of prolonged infertility. Many infertile couples endure the pain of their situation for many years, which leads to an increase in the many psychosocial consequences (anxiety, depression, couple problems, social isolation and feelings of guilt and inferiority). However, many of these couples eventually resort to IVF as a method of treating infertility, although procedures can be particularly emotionally difficult [5].

Recent studies [6,7] show that couples facing infertility have many emotional difficulties, low satisfaction with quality of life, emotional discomfort, insufficient social support and dissatisfaction with the marital relationship. From the point of view of marital satisfaction, the pressure of having a child and controlled contacts can affect the couple's privacy. Most partners in a couple have different styles of attachment, which means that they often respond differently to stress and dysphoric feelings such as sadness, anxiety, pain, suffering, which can create a negative cycle. One partner can avoid the pain by withdrawing from the relationship, while the other can cope by intensifying emotions in an attempt to connect with his partner.

PSYCHOLOGICAL INTERVENTIONS IN THE CASE OF INFERTILE COUPLES

Over time, several articles have been published on the effectiveness of psychological interventions for couples experiencing infertility. These include the following forms of therapy: cognitive-behavioral therapy, therapy based on acceptance and commitment, compassion-focused therapy and mindfulness-oriented therapy. Studies show the need for couples to receive emotional support and marital and sexual psychological counseling, as well as to reduce the emotional symptoms associated with the diagnosis.

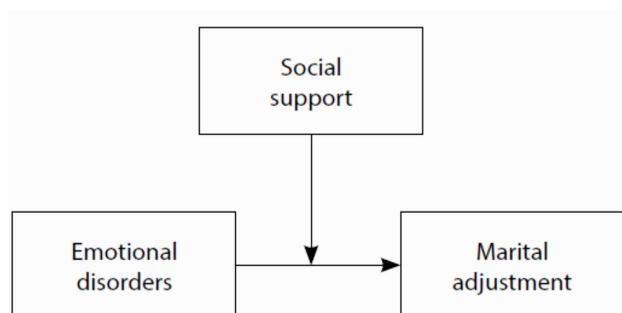


FIGURE 1. Moderation model – social support as moderator in the relationship between emotional disorders and marital adjustment [7]

Couples who go through the experience of infertility need to feel that they have support, that they are not alone in this difficult journey to parenting. A previous study shows that social support is essential in dealing with infertility, which has a protective role, moderating / attenuating the relationship between emotional disorders and marital adjustment [7]. Thus, if an infertile person feels that she has support from her family and partner, then she is less likely to develop mental health problems.

Emotional support groups play an important role in assisting these couples, as they provide a secure framework in which group members can reveal themselves, creating connections between the stories of several people facing the same difficulties. It is important that in support groups, the therapist encourages (in addition to expressing negative feelings) positive emotions, group cohesion, and a positive therapeutic alliance [8]. It is preferable that group members be invited to identify positive experiences that emerged in the previous week as a form of cognitive restructuring and transformation of the experience of infertility. Also, by giving meaning to experiences, there is an opportunity to learn from others.

TABLE 1. Brief description of therapeutic interventions [9]

Therapeutic approach	Therapeutic focus
Cognitive-behavioral therapy	Changing cognitive distortions and changing behaviors to improve mental health
Cognitive processing therapy	Challenging unhelpful beliefs related to trauma
Acceptance and commitment therapy	Teaching mindfulness strategies to decrease avoidance and increase focus on the present
Mindfulness-based approaches	Fostering greater awareness, attention and acceptance of present moment experiences
Counselling	Providing emotional support to clients experiencing crisis, typically unstructured
Emotion-focused therapy	Increasing the awareness, acceptance, expression and regulation of emotion
Existential therapy	Focuses on concepts related to human existence, such as death, responsibility and the meaning of life
Expressive therapy	Using creative arts to facilitate the exploration of difficult emotions
Interpersonal psychotherapy	Resolving interpersonal problems and facilitating social support
Psychodynamic therapy	Increasing client awareness of the unconscious influences on their past and present behavior (idem)
Solution-focused therapy	Helping the client identify resources that will help them develop a realistic and sustainable solution to the problems they are facing

One form of therapy often used to assist infertile couples is cognitive-behavioral therapy. Domar et al. [10] worked with groups of infertile women and found that CBT reduced psychological distress and resulted in more viable pregnancies than regular care. The authors included depressive women in their study, the prevalence of depression being high in infertile women. The authors concluded that psychological intervention is necessary before or at the beginning of fertilization treatment in combination with initial medical treatment to reduce thoughts of helplessness, ruminative thoughts about infertility and increased marital satisfaction.

Other authors [11] who used cognitive-behavioral therapy (relaxation, guided imagery and stress management) found a significant reduction in emotional stress and killer T cells activity (decreased from 47.7% to 34.1% after therapy sessions) and increased the rate of pregnancy (37.8% in the cognitive-behavioral therapy group, compared to 13.5% in the control group).

A study [12] compares two therapy methods used in infertile patients: Acceptance and commitment-based therapy and compassion-focused therapy. The authors show that these forms of therapy improve the quality of relationships and promote the mental health of infertile people. Compassion-focused therapy, developed by Paul Gilbert [13], contributes to the promotion of mental and emotional healing by encouraging people in treatment to be compassionate to themselves but also to others. According to the author, compassion, oriented both towards oneself and towards others, is an emotional response and an essential aspect of well-being.

A recent article found that applying mindfulness techniques to infertile people who have high scores on depression tests have a positive effect on reducing levels of stress, anxiety and depression [14], as it promotes awareness, focus and attention, acceptance of the present moment.

Recent studies [9,15] note that the level of infertility stress has increased as the duration of mar-

riage, the duration of infertility and the duration of fertilization treatment of evaluated women have increased. The conclusions of the studies highlight the need for therapeutic interventions to address the difficulties of infertile couples, to reduce the symptoms of anxiety and depression, while pursuing the emotional closeness of the couple, optimizing interpersonal relationships. Thus, the couple can be oriented towards engaging in activities that have enriched their life before the diagnosis of infertility and that help to increase resistance in the face of stressful circumstances around infertility.

CONCLUSIONS

Psychotherapy help couples diagnosed with infertility to learn how to become aware of their own feelings, thoughts and behaviors but also those of their partner, so as to create a secure emotional connection, recalibrate their relationship, maintain an optimal level of communication and marital satisfaction.

Psychological intervention facilitates the emotional venting of partners, accompanying them in making important decisions about fertilization treatment: continuing, interrupting it or choosing alternative solutions, such as adopting or accepting the status of a couple without children. Also, in individual or in group therapy, couples are assisted in discovering adaptive coping methods and in optimizing their own resources.

The role of psychoeducation for couples undergoing assisted human reproduction treatment is important in the optimal management of the difficulties they go through and can also add value to the medical process.

Psychological counseling / psychotherapy and / or support groups play an important role in the treatment of infertility. They relieve the emotional symptoms that are felt by couples, prevent the progressive deterioration in quality of life and increase success rates in the treatment of infertility.

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