

# Successful Management of Relationship Issues During IVF Treatment


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▶ Men and women experience infertility in different ways, though infertility itself is considered a “couple problem”. Regardless of the cause of the infertility, both partners must contribute to the solution.

▶ [www.iaac.ca](http://www.iaac.ca)

# Differences in the Couple Dynamic - Female reactions to Infertility:

- ▶ Most research and data focus on the female's responses during and after infertility treatment
- ▶ Reactions vary from compassion to shame to blame and resentment.
- ▶ Women often attempt to protect their partners from the pain and any feelings of failure by taking much of the responsibility of the treatment upon themselves.
- ▶ They often couch their protective actions, in terms of limiting spouse's responsibility in the conception process, by citing income loss, efficient use of the couple's time, etc.

▶ [www.ivf.com](http://www.ivf.com)

# Female Reactions to Infertility: (con't)

- ▶ Women typically see themselves as the caregivers, responsible for the relationship and for the emotional feelings in the relationship.
- ▶ Frequently they experience intense feelings of grief and loss:
  - ▶ Loss of experiencing the pregnancy itself, the birth experience, breast-feeding
- ▶ Women experience the physical and psychological discomfort in reaction to the medical procedures associated with IVF such as hormonal injections and egg retrieval.
- ▶ Sexual Interest may decrease due to a “what’s the use” mentality, or increase in an attempt to reassure spouses of their sexual attractiveness

# Female reactions to Infertility: (con't)

- ▶ Women sometimes feel more comfortable taking responsibility for the couple's infertility in front of family and friends
- ▶ This can set the stage for secrecy between the couple and their entire support system
  - ▶ Can impact couple decision-making process
  - ▶ Can have impact on treatment choices

# Male Reactions to Infertility:

- ▶ Generally less support/documentation/research available to document the psychosocial impact on men
- ▶ Male reaction to infertility frequently seen by professionals as taking less of a toll than on their partner. Evidenced by the social/medical underestimation of male's responsibility and role in infertility process
- ▶ “Mothering” seen as more integral to female identity and psyche than “fathering” is to a man's identity
- ▶ Often assumed that if his partner is doing well, so will the male
- ▶ Frequently put in the role of “hand-holder”, stoic supporter

# Male Reactions to Infertility: (con't)

- ▶ Reactions can vary between guilt, shame, anger, and isolation
  - ▶ Sense of personal failure
  - ▶ Lowering of self-esteem
  - ▶ Feelings of inadequacy
  - ▶ Changes in sexual self-image
- ▶ If female-factor is eventually diagnosed, feelings of relief often can ameliorate these initial reactions
- ▶ Men can experience a loss of sexual appetite

# Male Reactions to Infertility: (con't)

- ▶ Sense of loss related to:
  - ▶ Loss of genetic continuity
  - ▶ Loss of passing on the family name or “Jr.” moniker
  - ▶ Loss of male sexual identity
  - ▶ Loss of control
  - ▶ Loss of ability to provide for their partners
- ▶ Males often react negatively to their inability to “fix” this problem
- ▶ Anticipatory performance anxiety when needing to produce semen sample



# Refer to Professional Counseling if:

- ▶ Partners disagree or fight frequently
- ▶ Sex becomes an unpleasant chore
- ▶ Partners have differing priorities about family and children
- ▶ Partners are unable to talk about infertility or options with each other
- ▶ Partners say hurtful things to each other
- ▶ Partners are distancing themselves from each other
  - ▶ Working excessively for example
- ▶ Alcohol or drugs are being used to “ease the pain”
- ▶ Either partner is displaying clinical signs of anxiety or depression

▶ Resolving Infertility, 1999

# Theoretical Treatment Approaches:

- ▶ Psychodynamic Psychotherapy
- ▶ Cognitive-Behavioral Therapy
  - ▶ Seems to be the most effective intervention that can be used across infertility diagnosis and in treatment with individuals and couples
- ▶ Solution-Focused Psychotherapy
- ▶ Crisis Intervention
- ▶ Grief Counseling
  - ▶ Covington and Burns, 2006

# Clinical Screens

- ▶ Several patient-administered screens have been developed to assist clinic staff identify patients who might benefit from psychological support
  - ▶ SCREENIVF
    - ▶ Research indicates that a positive pre-treatment SCREENIVF is highly predictive of high treatment distress
  - ▶ FertiQoL (Fertility Quality of Life tool)
    - ▶ Assesses the impact of fertility problems and treatment on personal, social, and relational life domains
      - ▶ J Assist Reprod Genet. Mar2012; 29(3):243-248

# Forms of Counseling:

- ▶ Individual counseling allows the individuals to discuss what is important to them in order to gain understanding and clarity of their issues, and to improve coping skills.
- ▶ Couples counseling can help the couple explore their reactions and impact on the relationship, options for treatment and family building, managing stress, and enhancing coping styles and techniques.
- ▶ Group counseling and Support groups both serve to lessen social isolation and gain peer support.

# Counseling Issues to Focus on to Maintain the Relationship During Treatment:

- ▶ Encourage open communication between partners
- ▶ Emphasize there is no right or wrong way to feel, and that often times, individuals in a couple respond to the diagnosis and treatment very differently
- ▶ Provide information, and education about gender differences in coping styles
- ▶ Help the couple to identify and verbalize feelings, which can help identify what they need from each other
- ▶ Encourage the couple to ask each other, rather than assume, what their needs are, and whether they can be met

# Counseling Issues: (con't)

- ▶ Encourage sharing of coping skills they have found beneficial with each other
- ▶ Identify and nurture resilience/strengths they may not be aware they already possess
- ▶ Encourage them to both participate fully in treatment process
  - ▶ Sharing sorrows and joys will balance intensity of treatment, help to bring the couple closer, and encourage respect between them
- ▶ Help couple to recognize that intimacy can be separated from sexuality
  - ▶ Identify ways the couple can nourish intimacy
    - ▶ Mutual kindnesses
    - ▶ Mental and physical breaks from treatment
  - ▶ Address issues of sexual desire and performance, and impact on the relationship

# Counseling Issues: (con't)

- ▶ Identify clinical issues (anxiety/depression) and provide specific treatment as needed
- ▶ Normalize their symptoms and reactions within the range of normal consequences to this stressful experience
- ▶ Teach the “20 minute” rule:
  - ▶ Infertility-focused conversation is limited to 20 minutes daily
  - ▶ Each partner has 10 uninterrupted minutes to say whatever is important for him/her to communicate
  - ▶ Limits endless focus on infertility from dominating couple-life

# Counseling Issues: (con't)

- ▶ Encourage consultation with religious leader if spiritual/religious beliefs impact treatment options/decision making
- ▶ Acknowledge a pregnancy loss as real and encourage emotional expressions to help facilitate the grief process
- ▶ With couples facing final treatment failure, counseling needs to balance grieving the loss with a future-oriented, alternative option/ problem-solving approach



# Counseling Issues: (con't)

- ▶ Provide information and resources regarding adoption
- ▶ Provide information and process feelings, thoughts, reactions to third party conception (Donor insemination, egg donation, embryo donation, and surrogacy)
  - ▶ Address associated issues of:
    - ▶ Unusual family constellation
    - ▶ Concerns about the mixture of social and biological parenthood
    - ▶ Bonding fears for non-biological parent
    - ▶ Social stigma
  - ▶ Encourage couples to get comprehensive legal advice

# Counseling Issues: (con't)

- ▶ Address issues/consequences of disclosing/concealing the nature of conception to the child in factual manner without pressure, judgment or coercion
  - ▶ Ramifications of “secret”
  - ▶ Provide educational literature
  - ▶ Assist couple in developing “script” if disclosure is chosen
  - ▶ Address parental fears and reassure them that a child’s interest in biological parent is normal and does not correlate to a strained parent-child relationship
  - ▶ Encourage age-appropriate responses
  - ▶ Recognize that disclosure will not be a single event, but rather an ongoing process, revisited at each change in developmental stage of the child

# Counseling Issues: (con't)

- ▶ Continue to offer support to the couple when a healthy pregnancy is achieved:
    - ▶ Pregnancy after infertility is fraught with potential medical/psychological challenges
    - ▶ Psychological challenges can include: anxiety, guilt, fear, adjustment problems, hypervigilance, denial, depression, OCD
    - ▶ Facilitate adjustment to the pregnancy
    - ▶ Strengthen coping techniques
    - ▶ Assess and treat maladaptive responses
    - ▶ Provide additional resources as needed
    - ▶ Advocate for patients as needed
- ▶ Covington and Burns, 2006

## Remember...

- ▶ Despite a gender-specific diagnosis, therapeutic interventions need to focus on the couple while acknowledging the effect on the individual.
  - ▶ Covington and Burns, 2006

Thank you!

- ▶ Questions?
- ▶ Please feel free to contact in the future: Elizabeth R. Cohen, LICSW  
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