RESEARCH PAPER | Psychology | Volume : 3 | Issue : 8 | Aug 2013 | ISSN - 2249-555X

Psychosocial Aspects of Infertility

KEYWORDS: Infertility counselling, infertility treatment, couple's relationship, psychosocial interventions.

N. Jessie Priyanka	Dr. K. Jayashankar Reddy
Research Sscholar, Jain University, Bangalore	Prof. & Head of Psychology, CMRIMS, Bangalore

ABSTRACT *Infertility counselling, as an emergent specialty within the mental health professions, has gained recognition and respect for its professional contributions through patient care, research, and education as well as for the identification of the need for expert care and treatment of this unique population in conjunction with complex medical treatment. According to psychological outcome and psychosocial context approaches an Infertility Counsellor with the special training in reproductive medicine provide perspectives by increasing our understanding of individual, couple and cultural differences, providing greater knowledge of clinical issues and effective therapeutic interventions to improve patient well-being and response to treatment. The paper identifies key issues that couples experience with the diagnosis of infertility, to undergoing infertility treatment and further coping up with the outcome of the treatment. The use of supportive psychosocial interventions and treatments are highlighted. The paper also details the importance of counselling for couples undergoing infertility treatment and the types of psychological interventions the can be used along with infertility counselling to enhance the outcome of the treatment. Infertility counsellors should also consider the impact of infertility on a couple's relationship, and the unique challenges couples face during the treatment and dealing with outcome of the treatment. Finally, the paper addresses specific recommendations for infertility counselling in an Infertility set up.*

Introduction:
There are millions around the globe who battle infertility and studies report that there is a steady increase in the number of people who are affected by infertility. Infertility is defined as the inability to conceive a pregnancy after 1 year of engaging in sexual intercourse without contraception. It may be primary or secondary. Primary infertility refers to couples who have never conceived whereas, Secondary infertility refers to couples who are unable to conceive after one year of unprotected intercourse following previous pregnancy and not using any contraceptives. The World Health Organization (WHO) estimates that 60 to 80 million couples worldwide currently suffer from infertility (WHO, 2004).Although the extent of infertility varies considerably among countries, infertility has been recognized as a public health issue worldwide by the WHO, and has the potential to threaten the stability of individuals, relationships and communities.

In a culture bound country like India where childbearing is considered as a milestone in the journey of a woman's life, the national prevalence of primary and secondary infertility in India are 3 and 8 percent respectively (WHO). The National Family Health Survey-II conducted in 1998-99, estimates that 3.8 percent of women between the ages of 40 and 44 years have not had any children and 3.5 percent of currently married women are in fecund. Another study carried out in select Mumbai slums estimates the prevalence rate of childlessness amongst currently married women to be 4.54 percent.

While the treatment for infertility dates back to Puranas where in Bhagvata Purana, there is a story that suggests the practice of surrogate motherhood. Kans, the wicked king of Mathura, had imprisoned his sister Devaki and her husband Vasudeva because oracles had informed him that her child would be his killer. Every time she delivered a child, he smashed its head on the floor. He killed six children. When the seventh child was conceived, the gods intervened. They summoned the goddess Yogamaya and had her transfer the fetus from the womb of Devaki to the womb of Rohini (Vasudeva's other wife who lived with her sister Yashoda across the river Yamuna, in the village of cowherds at Gokul). Thus the child conceived in one womb was incubated in and delivered through another womb." And now with the recent advancement in science and medicine we use screening techniques like endometrial biopsy (which tests the lining of the uterus), Hormone testing (to measure levels of female hormones, including progesterone and follicle stimulating hormone), Laparoscopy (which allows the provider to see the pelvic organs), Ovulation testing(which detects the release of an egg from the ovary), Pap smear (to check for signs of infection), Pelvic exam(to look for abnormalities or infection), postcoital test (which is done after sex to check for problems with secretions), Special X-ray tests, FSH and clomid challenge test, Hysterosalpingography (HSG), Luteinizing hormone urine test (ovulation prediction) for women and Sperm testing through semen analysis and Testicular biopsy (surgical extraction of sperm) for men and procedural techniques like IUI, IVF and ICSI to overcome Infertility. Intra Uterine Insemination (IUI) is a fertility treatment that uses a catheter to place a number of washed sperm directly into the uterus. The goal of IUI is to increase the number of sperm that reach the fallopian tubes and subsequently increase the chance of fertilization. In vitro fertilization (IVF) refers to a procedure where the woman's eggs are removed and fertilized with the man's sperm outside the body, in a laboratory. The embryos, thus formed are then put back into the uterus to achieve a pregnancy and Intra Cytoplasmic Sperm Injection (ICSI) is a process where a single sperm is injected directly into the egg using a fine glass needle. The main objective of ICSI is to ensure that the spermatozoa fertilize the egg membrane.

Today the Fertility Clinics in India provide flexible treatment with different options for couples seeking infertility treatment ranging from IUI, IVF self cycle to third party reproduction like IVF donor oocyte Cycle, donor sperm cycle, donor embryo cycle, and surrogacy. However this flexibility comes with its own constraints like age, finance, success rate, etc along with unidentifiable psychogenic factors which might increase the uncertainty of the treatment. The burden of infertility is physical, psychological, emotional and financial.

Review:
Research articles have revealed that infertile couples in addition to being are faced with various physical problems, and also with many economical and social problems, such as: anxiety, depression, difficulty in interpersonal relationships,

Volume : 3 | Issue : 8 | Aug 2013 | ISSN - 2249-555X

curiosity, and people around pressure, failure, suppressed aggression, humiliation, rejection, unconscious guilt, feeling jealous about women that have children, social isolation and low self-esteem. Some authors have suggested that psychological factors may be a primary cause of infertility; others have suggested that the state of infertility itself can provoke psychological symptoms. The importance of psychological counselling for involuntarily childless couples has also been noted. And in a study (Domar et al; Boston IVF, Harvard Medical School) 43% of couples who underwent counselling achieved pregnancy compared to 16.7% in the control group, which shows the effectiveness of psychological interventions in the outcome of infertility treatment. According to the Family System Theory, infertility is an intergenerational family developmental crisis preventing parents and siblings from proceeding through life cycle stages (e.g., not yet grandparents, inability to share parenthood with siblings). Hence it's evident that failure to complete a family with a baby is considered as a social stigma including expectations from oneself and others, unable to cope up with others' parenthood, sense of guilt, hopelessness, and self blame taxing on individual's psychological well being.

So, in various reviews and literatures we come across that its not just the physiological aspects of Infertility that has to be looked into but there has to be an in depth focus in addressing the issues psychosocial issues related to infertility, as infertility touches all aspects of a person's life. It affects how individuals feel about themselves, their relationships, and their life perspective. Stress is only one of a myriad of emotional realities that couples facing infertility deal with, often for extended periods of time. In addition to ongoing stress, infertility creates issues of guilt, anxiety, tension within the relationship, and feelings of depression and isolation. Treating couples and individuals who are involved in the journey of dealing with infertility is an opportunity for clinical specialists in psychology and mental health. The expertise of clinical specialists both in providing infertility counselling and psychotherapy services as well as providing a bridge of understanding of sophisticated medical and surgical procedures places them in a unique position among the various disciplines offering mental health services.

Importance of Infertility Counselling: Support – therapy – education

Infertility Counselling:

A person suffering from infertility will face complex issues which span biological, psychological, social and ethical domains. Discussion of these issues in a counselling context is often beneficial for patients. Firstly in infertility counselling it is important to involve the couple in a Discussion of "normal" reactions to infertility, the psychological toll of infertility on patients is well known and infertility is often associated with stress, anxiety, depression and anger, sharing these emotions with a counsellor helps them to deal better. Further it is important to manage individual emotional reactions to infertility which includes anger/frustration, surprise/disbelief, anxiety & depression, lack of control, sense of loss of pregnancy baby having a family, hopes and dreams Understanding these grief responses is important.

The aim of infertility counselling is to explore, understand and resolve issues arising from infertility and infertility treatment and to clarify ways of dealing with the problem more effectively. The counselling process should consider the needs of the patient and any other person who might be affected by the treatment process and the decisions that have to be made. Counselling may have different functions and/or goals depending on the life situation of the patient and the treatment desired (e.g. embryo donation, surrogacy) individuals may also seek counselling to help make decisions regarding the continuation or termination of treatment. However, counselling will frequently address issues outside of the treatment context. It may be used to discuss alternatives to parenthood such as adoption or fostering and/or it may be used to identify ways of living a meaningful and fulfilling life without children.

Psychological Interventions in Infertility Counselling:

There are various interventions that can be used in infertility counselling to enhance its quality like CBT, REBT, Family Therapy, Group Therapy and Support Groups and further assessments can be used as yardstick to measure the effectiveness of the interventions used along with counselling which address stress, anxiety, depression, marital adjustment ,quality of life, etc.

CBT-Cognitive Behavioural Therapy in Infertility Counselling:

CBT is a Psychotherapeutic approach addressing dysfunctional emotions, behaviors, and cognitions through a goal-oriented, systematic process that challenges core beliefs and helps in restructuring negative thoughts. And when this form of Psychotherapeutic approach is adopted in infertility counseling it is essential to provide information about fertility related topics, training in relaxation techniques and cognitive restructuring. And CBT as such is effective for the treatment of a variety of psychiatric conditions.And with relevance to infertility there are different interventions for delivering CBT.

CBT along with Infertility counseling begins with Self-instructions that include Distraction, Imagery, Motivational self-talk and further leading to the development of adaptive coping strategies for minimizing negative or self-defeating thoughts and changing maladaptive beliefs about pain through Goal setting like for example postponing negative thoughts for 10 minutes and Positive self talk like very soon I will be pregnant, and Replacing negative thoughts with positive thoughts like for example (negative thought) what if this cycle turns out to be negative is replaced with I am giving my best to become a mother (positive thought).

REBT– Rational-Emotive Behaviour Therapy in Infertility Counselling:

It is a comprehensive theory of human behaviour. REBT proposes a 'biopsychosocial' explanation of causation – i.e. that a combination of biological, psychological, and social factors are involved in the way humans feel and behave.

A useful way to illustrate the role of cognition is by using 'ABC' theory of personality which is central t REBT Theory and Practice. In this framework 'A' represents an actual event or experience, and the person's 'inferences' or interpretations as to what is happening like "I am not able to conceive". 'B' represents the 'evaluative' beliefs that follow from these inferences "I am not a complete woman". 'C' represents the Consequences, emotions and behaviours that follow from those evaluative beliefs like "Isolating oneself, indulging in self blame". A does not gives rise to C, instead, B largely causes C. Ellis adds D and E to ABC: The therapist must dispute (D) the irrational beliefs (there are many aspects in women's life and not being able to conceive itself doesn't make the whole life), in order for the client to ultimately enjoy the positive psychological effects (E) of rational beliefs (Feeling good about oneself thereby increased self-esteem).

The basic aim of using REBT in Infertility Counselling is to leave clients at the end of session with freedom to choose their emotions, behaviours and lifestyle (within physical, social and economic restraints); and with a method of self observation and personal change that will help them maintain their gains.

Support Groups in Infertility Counselling:

Support groups are formed by a group of people with a common issue or situation. The groups utilize this sense of community to share stories and helpful hints, give/receive support (emotional), promote services and help care for each other. Along with infertility counselling small groups of patients with similar problems are brought together to share

Volume : 3 | Issue : 8 | Aug 2013 | ISSN - 2249-555X

their feelings and spending time with other couples in the same position makes them feel less vulnerable and victimised. Patients network with each other and help support each other and further the Counsellor facilitates the sessions along with an Infertility specialist to clarify clinical allegations.

Conclusion:
Although infertility is a global issue impacting individual and social well-being, the wide variance in incidence rates contributes to significant and unique psychosocial consequences as a result of where an individual experiences involuntary childlessness. Infertility is not just related to the couple undergoing the crisis but it's also involved with the extended family, relatives and neighbourhood, making it social not just personal. Therefore it is important to intervene into the psychological well being of the couple throughout the path from infertility to fertility which would enhance Quality of Life, Marital Adjustment, Effective use of Coping strategies, Stress Management and dealing with ones feelings of guilt, anger, self blame, hopelessness, low self-esteem, helplessness.

Limitations of Infertility Counselling:
Looking into the distressing nature of infertility, it is not surprising that many individuals and couples express a desire to receive psychological support. Yet what is perhaps surprising is that less than 25% tend to access it. There are the feelings of failure in females and inadequacy in males which contribute to one of the main reason why individuals avoid infertility counselling despite it being offered in infertility clinics. But part of the explanation is that, unlike medical intervention, counselling cannot provide a 'solution' to the problem of infertility and so it is often not considered or offered. Furthermore, counselling often tends to focus on realistic goals and objectives, which clients do not always find useful, and some can find this counterproductive as well.

REFERENCE
• Applegarth, L. D. (1999). Individual counselling and psychotherapy. | | • Hammer Burns, L. And Covington, S. N. (1999) (eds.). Infertility Counselling. A Comprehensive Handbook for Clinicians (pp. 85Ð102). Parthenon, London. | | | • Boivin, J., Scanlan, L. and Walker, S. M. (1999). Why are infertile couples not using | psychosocial counselling? Hum. Reprod., 14, 1384Ð1391. | | • British Infertility Counselling Association: Journal of Fertility Counselling (Spring and Summer | 1999). | | • Corey Gerald, "Theory and Practice of Counselling and Psychotherapy", Fifth Ed, | • Dr Greg Mulhauser, "An Introduction to Rational Emotive Behaviour Therapy" | • Froggatt Wayne (2005) " A Brief Introduction To Rational Emotive Behaviour Therapy" | Third Ed. | | | • Infertility, Artificial Insemination & Surrogate Mother in Hindu Mythology | by Dr. Devdutt Pattanaik. | | • Ramazanzadeh et al., 2009; Ozkan and Baysal, 2006; Ramazanzadeh and Abedinia, 2004; | Wischmann et al., 2001; Kopitzke et al., 1991. | | • http://informahealthcare.com/doi/abs/10.1080/01612840252825464 | | • http://psychcentral.com/encyclopedia/2009/self-help-groups/ | | • http://www.eshre.eu/01/MyDocuments/psyguidelines.pdf | | • http://www.melissaoxlad.com.au/infertility-counselling.html | | • http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3288135/ | • http://www.sciencedirect.com/science/article/pii/S030121150400257X | | • http://www.therapytoday.net/article/show/1230/ | | • http://onlinelibrary.wiley.com/doi/10.1111/j.2044-8341.1986.tb02686.x/abstract | • http://www.eshre.eu/01/MyDocuments/psyguidelines.pdf |